## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED May 01, 2006 8:00 am Secretary of State

Principal Place of Business   P.U. BOX 607555   ORANDO, FL 32810	DOCUMENT # L05000068836  1. Entity Name ENCORE MANAGEMENT GROUP, LLC						05-01-2006 90067 026 ***150.00			
SCISION NUMBER   P.D. BOX ROTSSS   ORLANDO, FL 32810   Substance	Principal Plac	a of Business	Mailino Address	<u>.</u>		┥ .		<b>&amp;UU4U0/5</b>		
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2. Principal Place of Business  Suite, Apt. 4 etc.  City & State  Country  Zip  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi										
Suite, Apt. 4, etc.  City & State  City & St	ORLANDO, F	L 32810				1 18891811 53		MINT SELLE BETER CHIEF CHIEF CHIEF OL	P\$1 (4) 1881	
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Zip	Suite, Apt. #, etc.		Suite, Apt. #, etc.		04282006	Chg-LLC	CR2E083 (11/05)			
Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   \$5.00 Additional Fee Required	City & State		City & State		4. FEI Numb					
Second Comment   Second Comment Registered Agent   Street Address of New Registered Agent   Street Address (P.O. Box Number is Not Acceptable)	Zip	Country Zip		Countr	у	5. Certificate	5. Certificate of Status Desired \$5.00 Additional		litional	
Name	<del></del>	6. Name and Address of Current I	Registered Agent	<del>                                     </del>		7. Name and	Address of New			
SIZEST ADDRESS CITY-ST-2P  TITLE NAME STREET ADDRESS CITY-ST-2P  TITLE					Name				~	
Addition  Title  MARM CERONE, PETER J SORALANDOS, FL 32810  TITLE  MARM CERONE, PETER J SORALANDO, FL 32810  TITLE  MARM CERONE, PETER J SORALANDO, FL 32810  TITLE  MARM CERONE, PETER J SORALANDO, FL 32810  TITLE  MARM STREET ADDRESS CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  TITLE  MARM STREET ADDRESS CITY-ST-2P  TITLE  MARM MARM MARM STREET ADDRESS CITY-ST-2P  TITLE  MARM MARM MARM MARM MARM MARM MARM MA	6239 EDGEWATER DRIVE				Street Address (P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Riorida. I am lamiliar with, and accept the obligations of registered agent.  SIGNATURE    Signature   Signature   Signature value of registered agent and the repolateds. (NOTE Registered Agent separated when revisiting   DATE    Filting Fee is \$50.00   Make check payable to Florida Department of State    Signature   Signature value when revisiting   DATE    Signature value   DATE   Signature value when revisiting   DATE    Signature value   DATE   Signature value when revisiting   DATE    Signature value   DATE   Signature value when revisiting   DATE    Signature value   DATE   Signature value when revisiting   DATE   Signature value when revisiting   DATE   Signature value   DATE   Signatur	· · ·									
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SQUADAR, types or printed rame of repetend agent and title if societable.  (NOTE Registered Agent agenture required when namestarry)  DATE  PIlling Fee is \$50.00  Due by May 1, 2008  MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  FICTIONS/CHANGES  ORLANDO, F. 32810  ORLANDO, F. 32810  ORLANDO, F. 32810  ORLANDO, F. 32810  ITILE  MARE  CERONE, MELISSA K STREET ADDRESS ORLANDO, F. 32810  ORLANDO, F. 32810  ITILE  MAKE  CERONE, MELISSA K STREET ADDRESS ORLANDO, F. 32810  ITILE  MAKE  CERONE, MELISSA K STREET ADDRESS ORLANDO, F. 32810  ITILE  MAKE  STREET ADDRESS ORLANDO, F. 32810  ITILE  MAKE STREET ADDRESS ORLANDO, F. 32810  ITILE  MAKE STREET ADDRESS ORLANDO, F. 32810  ITILE  MAKE STREET ADDRESS ORLANDO, F. 32810  ITILE  MAKE STREET ADDRESS ORLANDO, F. 32810  ITILE  MAKE STREET ADDRESS ORLANDO, F. 32810  ITILE  MAKE STREET ADDRESS ORLANDO, F. 32810  ITILE  MAKE STREET ADDRESS ORLANDO, F. 32810  ITILE  MAKE STREET ADDRESS ORLANDO, F. 32810  ITILE  MAKE STREET ADDRESS ORLANDO, F. 32810  ITILE  MAKE STREET ADDRESS ORLANDO, F. 32810  ITILE  MAKE STREET ADDRESS ORLANDO, F. 32810  ITILE MAKE STREET ADDRESS ORLANDO, F. 32810  ITILE MAKE STREET ADDRESS ORLANDORSS ORLANDO, F. 32810  ITILE MAKE STREET ADDRESS ORLANDORSS ORLANDORS					City PI Zin Code					
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Filling Foe is \$50.00  B. MANAGING MEMBERS/MANAGERS  ITILE  MGRM CERONE, PETER J 6239 EDGEWATER DRIVE, SUITE D-13 ORLANDO, FL 32810  CITY-ST-2P  TITLE  MMGRM CERONE, MELISSA K 6239 EDGEWATER DRIVE, SUITE D-13 ORLANDO, FL 32810  Delete  TITLE  MAME STREET ADDRESS OITY-ST-2P  TITLE  MAME STREET ADDRESS STREET			the purpose of changing its	s registere	d office or regis	stered agent, or bo	th, in the State of F	Florida. I am familiar with,	and accept	
Filling Foe is \$50.00  B. MANAGING MEMBERS/MANAGERS  ITILE  MGRM CERONE, PETER J 6239 EDGEWATER DRIVE, SUITE D-13 ORLANDO, FL 32810  CITY-ST-2P  TITLE  MMGRM CERONE, MELISSA K 6239 EDGEWATER DRIVE, SUITE D-13 ORLANDO, FL 32810  Delete  TITLE  MAME STREET ADDRESS OITY-ST-2P  TITLE  MAME STREET ADDRESS STREET	SIGNIATURE									
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  TITLE MGRM CERONE, PETER J STREET ADDRESS 239 EDGEWATER DRIVE, SUITE D-13 CITY-ST-2P ORLANDO, FL 32810 CITY-ST-2P	SIGIRATORIE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registered	Agent signature requ	ired when reinstating)		DATE		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Yeter Cert