2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000069977

Entity Name: FOR OUR SONS, LLC

Name:

Address:

City-St-Zip:

BAJRAMI, GONXHE

RIVERVIEW, FL 33569

13234 CHERERY BARK CIRCLE

FILED Jan 24, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5925 IMPERIAL PARKWAY MULBERRY, FL 33860 **Current Mailing Address: New Mailing Address:** 12107 CITRUS LEAF DRIVE GIBSONTON, FL 33534 FEI Number: 20-3149796 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SANTANA, NADIRE 12107 CITRUS LEAF DRIVE GIBSONTON, FL 33534 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Delete (X) Change () Addition SANTANA, NADIRE Name: SANTANA, NADIRE Name: 13210 CHERRY BARK CIRCLE Address: 12107 CITRUS LEAF DRIVE Address: RIVERVIEW, FL 33569 City-St-Zip: City-St-Zip: GIBSONTON, FL 33534 Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: SANTANA, THOMAS Name: SANTANA, THOMAS Address: 13210 CHERRY BARK CIRCLE Address: 12107 CITRUS LEAF DRIVE City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: GIBSONTON, FL 33534 Title: MGRM () Delete Title: () Change () Addition BAJRAMI, NEVZAT Name: Name: 13234 CHERRY BARK CIRCLE Address: Address: City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Name:

Address:

City-St-Zip:

SIGNATURE: GONXHE BAJRAMI MGMR 01/24/2006