


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 31, 2006 8:00 am
Secretary of State

DOCUMENT # L05000072294	
1. Entity Name ANAMAR ROOFING LLC	

05-31-2006 90085 001 ****50.00
05-31-2006 90085 002 *****5.00

Principal Place of Business 1921 N FORSYTH ROAD ORLANDO FL 32807	Mailing Address 1921 N FORSYTH ROAD ORLANDO FL 32807
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2. Principal Place of Business Suite, Apt. #, etc. 1315 N Pinehills Rd City & State Orlando FL Zip 32808	3. Mailing Address Suite, Apt. #, etc. 1315 N Pinehills Rd City & State Orlando FL Zip 32808
Country Orange	Country Orange

1st MOORE CR2E083 (10/05)

4. FEE Number 83-0434628	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent A1A-REGISTERED AGENT INC. 92 SADBERRY ROAD QUINCY FL 32351	
7. Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable) City FL Zip Code	

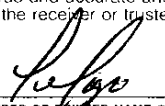
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

<p>FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006</p>	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PRIETO, IVAN O 4339 RIXEY STREET ORLANDO FL 32803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LUGO, TERESITA 1921 N FORSYTH ROAD ORLANDO FL 32807 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LUGO, Teresita 1315 N Pinehills Road Orlando FL 32808 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **05/25/06. 407.470.4706**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #