


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 17, 2006 8:00 am
Secretary of State

08-17-2006 90044 002 ****50.00

DOCUMENT # L05000072485	
1. Entity Name TECHS N THE CITY LLC	

Principal Place of Business 875 DERBYSHIRE RD APT 231 DAYTONA BEACH, FL 32117 US	Mailing Address PO BOX 146186 C/O NATHAN MONROE DAYTONA BEACH, FL 32114 US
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20052835

2. Principal Place of Business 196 S. Yonge St. Suite, Apt. #, etc.	3. Mailing Address 196 S. Yonge St. Suite, Apt. #, etc.
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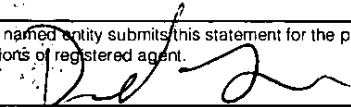
08122006 Chg-LLC CR2E083 (11/05)

City & State Ormond Beach, FL	City & State Ormond Beach, FL
Zip 32174	Zip 32174
Country USA	Country USA

4. FEI Number 20-3189904	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required <input type="checkbox"/>

6. Name and Address of Current Registered Agent LEASURE, DAVID M 875 DERBYSHIRE RD APT 231 DAYTONA BEACH, FL 32117	
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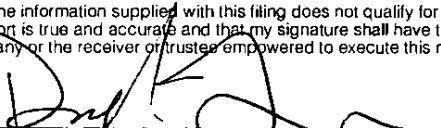
7. Name and Address of New Registered Agent Name Graham Hays Street Address (P.O. Box Number is Not Acceptable) 196 S. Yonge St. City Ormond Beach FL Zip Code 32174	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE

Filing Fee is \$50.00 Due by September 6, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEASURE, DAVID M 875 DERBYSHIRE RD APT 231 DAYTONA BEACH, FL 32117 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAYS, GRAHAM M 611 RENNER RD PORT ORANGE, FL 32129 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MONROE, NATHAN R 875 DERBYSHIRE RD APT 231 DAYTONA BEACH, FL 32117 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Remove
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Hays, Graham M CEO 196 S. Yonge St. Ormond Beach, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Monroe, Nathan R 196 S. Yonge St. Ormond Beach FL 32174
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"/> Change <input type="checkbox"/> Addition
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 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 606, Florida Statutes.	
SIGNATURE: 	DATE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	
Daytime Phone #	