SIGNATURE: AND GOOD .
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT #1 05000072927



Daytime Phone #

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Post Country Zip Country Sip Country Signature Signature Status Desired Signature	Suite, Apt.	#, etc.	Suite, Apt. #, etc.							
SORDON, AVA BOD VILLAGES OUARE CROSSING PALM BEACH GARDENS, FL. 33410 Signature of registered agent	City & State	е	City & State			4. FEI Numb	20320307	9 Ar		
SORDON, AVA	Zìp	Country Zip Cour		ntry	5. Certificate		\$5.00 Add			
SOPE AND ALA SOURCE CROSSING PALM BEACH GARDENS, FL 33410 City FL Zip Code 6. 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent agent and the interest agent age		6. Name and Address of Current R	Registered Agent		Nome	7. Name and	d Address of New Registered	Agent		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE Filling Fee is \$50.00 Due by May 1, 2006 Pilling Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State Florida Department of State Florida Department of State Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITILE MGRM GRIFFITHS, CLIFFORD SIRET ADDRESS CITY-ST-2P WELLINGTON, FL 33414 ITILE MGRM GORDON, AVA SIRET ADDRESS CITY-ST-2P WELLINGTON, FL 33414 Delete TILE MAKE SIRET ADDRESS CITY-ST-2P TILE MAKE SI	800 VILLA	GE SQUARE CROSSING				P.O. Box Numb	per is Not Acceptable)	<u> </u>		
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NAME STREET ADDRESS CITY-ST-ZIP 11 hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119 Elevida Statutes. I further certify that the information	NAME STREET ADDRESS		☐ Delete	NAA STR	AE EET ADDRESS			☐ Change	Addition	
	NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with	this filling does not qualify fe	NAM STR CITY	ME EET ADDRESS Y-ST-ZIP	in Chapter 119), Florida Statutes. I further certif	that the infe	ormation.	