## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 01, 2006 8:00 am Secretary of State 02-13-2006 90185 039 \*\*\*\*50.00

1. Entity Name	9	# L05000073 ET SE, LLC	3352				UZ-13-	2006 9018	3 039 "	30.00
Principal Place of Business			Mailing Address			7	0000	.002		
2348 SUNSET POINT ROAD STE. E			2348 SUNSET POINT ROAD Ste. E							
CLEARWATER, FL 33765			CLEARWATER, FL 33765				IN 83101 680 8914 8371	tem esna mete mi	<b>.</b> fita 1 a kg a 71	TS II M LI FI
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02072006	Chg-LLC	CR2E08	3 (1 1/05)	
City & State			City & State			4. FEI Number 3304399 Applied For Not Applicab				
Zip		Country	Zip	Cour	ntry	<del> </del>	o of Status Desired		5.00 Ad	ditional
	6. Name	and Address of Current	Registered Agent			7. Name an	d Address of New			
BEVILLE, F	PEGGY B	 I			Name: R	y POA	ω-c/c			
2348 SUNS					Street Address	(F.O. Box Num	ber is Not Accepta	ble)		
STE. E CLEARWATER, FL 33765			3		2348	8 Sursal Point Rom				
					City	Cracuatra FL Tucode			ـــره	
B. The above :	named entit	v submits this statement to	or the purpose of changing it	s register	ed office or registe	rectagent or b	oth in the State of		raliar with	and accept
SIGNATURE		consciolagent	and title if applicable (NO	TE Registere	id Agent signeture require	id when remstating)	2/8/	06 DATE		
FII	ling Fee ue by Ma	ls \$50.00 y 1, 2006						nke check pay da Departmer		e
9.		MANAGING MEMBE	RS/MANAGERS	10.			ADDITION	S/CHANGES		
TITLE	MGRM PEACOC	, BAV	☐ Delete	TITL				[	Change	Addition
STREET ADDRESS		NSET POINT ROAD			ET ADDRESS					
CITY-ST-ZIP;		ATER, FL 33765		CITY	-S1-20P					
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STREET ADDRESS	**	SET POINT ROAD			EET ADDRESS					
CITY-ST-ZIP	CLEARW	ATER, FL 33765	. <u> </u>	_	-S1-21P					
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NAME STREET ADDRESS				NAM STRE	ET ADORESS					
CITY-ST-ZIP					-SI-ZP					
indicated	on this care	rt-is true and accurate and	n this filing does not qualify for that my signature shall have e empowered to execute this	the same	e legal effect as if r	made under oat	h; that I am a man	further certify th aging member o	at the info of manage	mation r of the
SIGNAT	IIDE:		ree_			$\mathscr{A}$	8/06	フょクーク	96-7	774
PIGIVAI	SIGNATURE!	AND TYPED OR PRINTED HAVE O	P SIGNING MANAGING HEMBER, M	ANAGER, DR	AUTHORIZED REPRES	ENTATIVE	Date	Dayte	né Phone #	



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 16, 2006

1800 12TH STREET SE, LLC 2348 SUNSET POINT ROAD STE. E CLEARWATER, FL 33765

Subject: 1800 12TH STREET SE, LLC

Reference Number:

L05000073352

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The Federal Employer Identification Number listed in Block 4 appears to be invalid. An FEI number is comprised of nine digits and it is not the same as your Social Security number. Please amend your document accordingly. For more information about the FEI number, please call the Internal Revenue Service at 1-800-829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE ANNUAL REPORTS SECTION