2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State
02-09-2006 90150 017 ****50.00

DOCUMENT # L05000080133

1. Entity Name
GUILLETTE & PASTORIN LLC

20006410

01252006 Chg-LLC CR2E083 (11/05)

Principal Place of Business	Mailing Address
136 KING GEORGE DRIVE DAVENPORT, FL 33837	136 KING GEORGE DRIVE DAVENPORT, FL 33837

2. Principal Place of Business	3. Mailing Address
621 Petes Lane	621 Pete's Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Davenport Fl	City & State: Davenport Fl
Zip: 33837 Country	Zip: 33837 Country

4. FEI Number: 20-332 3818 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PASTORIN, SPENCER L 136 KING GEORGE DRIVE DAVENPORT, FL 33837	Name Street Address (P.O. Box Number is Not Acceptable): 621 Pete's Lane City: Davenport FL Zip Code: 33837

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: Spencer L Pastorin DATE:

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR PASTORIN, SPENCER L 136 KING GEORGE DRIVE DAVENPORT, FL 33837	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	621 PETE'S LANE DAVENPORT FL 33837	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GUILLETTE, MARK J 136 KING GEORGE DRIVE DAVENPORT, FL 33837	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	621 Pete's Lane Davenport FL 33837	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR PASTORIN, NATALIE G 1231 BELL TOWER ARCH CHESAPEAKE, VA 23324	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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 605, Florida Statutes.

SIGNATURE: Spencer L Pastorin 2/7/06 407-620-7685
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #