
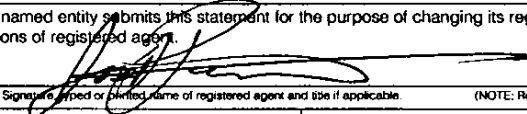
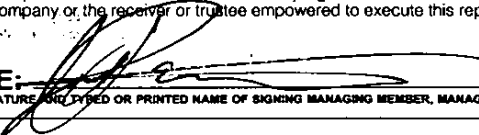


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90033 026 ****55.00

DOCUMENT # L05000080343 1. Entity Name FAST LANE LLC					
Principal Place of Business 10 NORTH NOVA ROAD ORMOND BEACH, FL 32174			Mailing Address 10 NORTH NOVA ROAD ORMOND BEACH, FL 32174		
2. Principal Place of Business 5 South Yonge ST Suite, Apt. #, etc.		3. Mailing Address 5 South Yonge ST Suite, Apt. #, etc.			
City & State Ormond Beach, Florida		City & State Ormond Beach, Florida			
Zip 32174		Country USA		4. FEI Number 47-095-9442	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		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 PATANE, JOSEPH T 1336 DOVECOURT LANE ORMOND BEACH, FL 32174			7. Name and Address of New Registered Agent Name Joseph T. Patane Street Address (P.O. Box Number is Not Acceptable) 37 Pine Circle Drive City Palm Coast FL Zip Code 32164		
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 04-28-06	
(NOTE: Registered Agent signature required when re-registering)					
Filing Fee is \$50.00 Due by September 6, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PATANE, JOSEPH T 1336 DOVECOURT LANE ORMOND BEACH, FL 32174		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PATANE, CHARLENE M 1336 DOVECOURT LANE ORMOND BEACH, FL 32174		<input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<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 608, Florida Statutes.					
SIGNATURE: 				Date 04-28-06 980-521-6722	
SIGNATURE OR TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					