2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 09, 2006 8:00 am Secretary of State

1. Entity Nam	MENT # L05000083 ČEOLA, LLC	002				02-24-200	06 9024	1 050 ***	**50.00
Principal Place of Business 2240 W. FIRST ST.		Mailing Address 2240 W. FIRST ST.		30002000					
#100 FORT MYERS, FL 33901 US		#100 Fort Myers, FL 33901 US			1 I F F F F F F F F F F F F F F F F F F				nna on
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. W, etc.		02172006	Chg-LLC	CR2E	083 (11/05)		
City & State		City & State		4. FEI Numbe		 ጜ		oplied For of Applicable	
Zip	Country	Zip	Countr	ry		of Status Oesired		\$5.00 Add Fee Require	iltional
	6. Name and Address of Current I	Registered Agent	\Box		7. Name and	Address of New R	egistered	Agent	
ADKINS, S				Name					
	IRST STREET			Street Address	(P.O. Box Numbe	ır is Not Acceptable)		
FORT MY	ERS, FL 33901								
	V		Ī	City			FŁ	Zip Code	e
8. The above the obligat	named entity submits this statement for lons of registered agent.	the purpose of changing its re	egistered	d office or registe	red agent, or bot	h, in the State of Flo	rida. I am	temillar with,	and accept
SIGNATURE .	•								
SIGNATURE.	Signature, typed or printed name of registered agent s	nd tile if applicable. (NOTE:	Recistered	Agent signeture require	d when minetering)		DATE		.'
		1				,			
. Fi	ling Pee is \$50.00 ue by May 1, 2008				:	Mak Florida	n check p	esyable to ent of State	
9.	MANAGING MEMBE	PS/MANAGERS	10.			Make Florida ADDITIONS/	s:check p Departm	ent of State	* n
9.	MANAGING MEMBEI		10.			Florida	s:check p Departm	ent of State	Addition
9.	MANAGING MEMBE	PS/MANAGERS	10.			Florida	s:check p Departm	ent of State	* n
9. TITLE NAME	MANAGING MEMBER MGRM ADKINS, STEVEN D	PS/MANAGERS	10. TITLE NAME STREET			Florida	s:check p Departm	ent of State	* n
9. TITLE NAME SURET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE MGRM ADKINS, STEVEN D 2240 W. FIRST STREET #100 FORT MYERS, FL 33901 MGRM	PS/MANAGERS	10. TITLE NAME STREET CITY-S	T ADDRESS ST-DP		Florida	s:check p Departm	ent of State	* n
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME	MANAGING MEMBEI MGRM ADKINS, STEVEN D 2240 W. FIRST STREET #100 FORT MYERS, FL 33901 MGRM RESNICK, JOHN M	RS/MANAGERS	10. TITLE NAME STREET CITY-STREET	T ADDRESS ST-ZP		Florida	s:check p Departm	Change	Addition
9. TITLE NAME SURET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE MGRM ADKINS, STEVEN D 2240 W. FIRST STREET #100 FORT MYERS, FL 33901 MGRM	RS/MANAGERS	10. TITLE NAME STREET CITY-S TITLE NAME STREET	T ADDRESS ST-DP		Florida	s:check p Departm	Change	Addition
9. FITLE MAKE STREET ADDRESS CATY-ST-ZIP TITLE MAKE STREET ADDRESS	MANAGING MEMBER MGRM ADKINS, STEVEN D 2240 W. FIRST STREET \$100 FORT MYERS, FL 33901 MGRM RESNICK, JOHN M 2240 W. FIRST STREET \$100	RS/MANAGERS	10. TITLE NAME STREET CITY-S TITLE NAME STREET	T ADDRESS ST-ZP		Florida	s:check p Departm	Change	Addition
9. TITLE NAME STREET ADDRESS CITY-51-ZIP TITLE AAME STREET ADDRESS CITY-51-ZIP TITLE HAME HAME	MANAGING MEMBER MGRM ADKINS, STEVEN D 2240 W. FIRST STREET \$100 FORT MYERS, FL 33901 MGRM RESNICK, JOHN M 2240 W. FIRST STREET \$100	RS/MANAGERS Delete Delete	10. TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME	T ADDRESS ST-ZP T ADDRESS ST-ZP		Florida	s:check p Departm	Change	Addition
9. TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBER MGRM ADKINS, STEVEN D 2240 W. FIRST STREET \$100 FORT MYERS, FL 33901 MGRM RESNICK, JOHN M 2240 W. FIRST STREET \$100	RS/MANAGERS Delete Delete	10. TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME	T ADDRESS ST-ZP T ADDRESS ST-ZP		Florida	s:check p Departm	Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE AAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBER MGRM ADKINS, STEVEN D 2240 W. FIRST STREET \$100 FORT MYERS, FL 33901 MGRM RESNICK, JOHN M 2240 W. FIRST STREET \$100	RS/MANAGERS Delete Delete	10. TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET	T ADDRESS ST-ZP T ADDRESS ST-ZP T ADDRESS ST-ZP		Florida	s:check p Departm	Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE HAME	MANAGING MEMBER MGRM ADKINS, STEVEN D 2240 W. FIRST STREET \$100 FORT MYERS, FL 33901 MGRM RESNICK, JOHN M 2240 W. FIRST STREET \$100	RS/MANAGERS Delete Delete Delete	10. TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP		Florida	s:check p Departm	Change	Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE AMME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBER MGRM ADKINS, STEVEN D 2240 W. FIRST STREET \$100 FORT MYERS, FL 33901 MGRM RESNICK, JOHN M 2240 W. FIRST STREET \$100	RS/MANAGERS Delete Delete Delete	10. TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP		Florida	s:check p Departm	Change	Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGRM ADKINS, STEVEN D 2240 W. FIRST STREET \$100 FORT MYERS, FL 33901 MGRM RESNICK, JOHN M 2240 W. FIRST STREET \$100	RS/MANAGERS Delete Delete Delete	10. TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET NAME STREET	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP		Florida	s:check p Departm	Change	Addition Addition Addition
9. TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE HAME HAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE HAME	MANAGING MEMBER MGRM ADKINS, STEVEN D 2240 W. FIRST STREET \$100 FORT MYERS, FL 33901 MGRM RESNICK, JOHN M 2240 W. FIRST STREET \$100	PS / MANAGERS Delete Delete Delete	10. TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME	T ADDRESS ST-ZP T ADDRESS ST-ZP T ADDRESS ST-ZP T ADDRESS ST-ZP		Florida	s:check p Departm	Change	Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBER MGRM ADKINS, STEVEN D 2240 W. FIRST STREET \$100 FORT MYERS, FL 33901 MGRM RESNICK, JOHN M 2240 W. FIRST STREET \$100	PS / MANAGERS Delete Delete Delete	10. TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP		ADDITIONS/	a check p Departm	Change	Addition Addition Addition
9. TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS	MANAGING MEMBER MGRM ADKINS, STEVEN D 2240 W. FIRST STREET \$100 FORT MYERS, FL 33901 MGRM RESNICK, JOHN M 2240 W. FIRST STREET \$100	BS/MANAGERS Delete Delete Delete Delete	10. TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET	T ADDRESS ST-ZP T ADDRESS ST-ZP T ADDRESS ST-ZP T ADDRESS ST-ZP		ADDITIONS/	s:check p Departm	Change Change	Addition Addition Addition
9. TITLE HAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGRM ADKINS, STEVEN D 2240 W. FIRST STREET \$100 FORT MYERS, FL 33901 MGRM RESNICK, JOHN M 2240 W. FIRST STREET \$100	PS / MANAGERS Delete Delete Delete	10. TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME CITY-S TITLE NAME STREET NAME STREET	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP		ADDITIONS/	a check p Departin	Change Change	Addition Addition Addition 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: John M. Resnick 2/20/2006 239-337-	SIGNATURE:	ADDITION OF PROFES	MANUEL COL SECURISMO MAN	ACRES MENDED MANAGE	RESILLOR	2/20/2006	239=33/=/ Devime Prone #
		11.	1	Tohn M	Pocniek	2/20/2006	220 227 7



February 28, 2006

1260 OSCEOLA, LLC 2240 W. FIRST ST. #100 FORT MYERS, FL 33901 US

Subject: 1260 OSCEOLA, LLC

Reference Number:

L05000083002

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):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (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.

/CJ ANNUAL REPORTS SECTION