


FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90040 021 ****50.00

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000084644			
1. Entity Name BANNER INTERNATIONAL LLC			
Principal Place of Business 5850 LAKEHURST DRIVE SUITE 150-17 ORLANDO, FL 32819		Mailing Address 5850 LAKEHURST DRIVE SUITE 150-17 ORLANDO, FL 32819	
2. Principal Place of Business 5850 LAKEHURST DRIVE Suite, Apt. #, etc. SUITE 150-17 City & State ORLANDO FLORIDA Zip 32819		3. Mailing Address 5850 LAKEHURST DRIVE Suite, Apt. #, etc. SUITE 150-17 City & State ORLANDO FLORIDA Zip 32819	
		04192006 Chg-LLC CR2E083 (11/05)	
		4. FEI Number 14-1936876	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DOLBY, LESLEY 5850 LAKEHURST DRIVE SUITE 150 ORLANDO, FL 32819		7. Name and Address of New Registered Agent Name NICHOLAS J. HORTON Street Address (P.O. Box Number is Not Acceptable) 5850 LAKEHURST DRIVE SUITE 150-17 City ORLANDO FL Zip Code 32819	
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: <u>N. J. G. Horton</u> NICHOLAS J. HORTON <u>04/19/2006</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
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	MGRM HORTON, NICHOLAS J "GLENHURST" SLIPE DROVE, WEST PINCHBECK SPALDING, LI PE11 3QF <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HORTON NICHOLAS J. 5850 LAKEHURST DRIVE SUITE 150-17 ORLANDA FLORIDA 32819 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>N. J. G. Horton</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		<u>NICHOLAS J. HORTON</u> Date <u>04/19/2006</u> Daytime Phone	