2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)

ANNUAL REPORT (AR)					07-12-2006 90086 022 ****55.00				
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NEIL PRI				06 SEP 27 AM	10: 18				
Principal Plac	Mailing Address			SECKETARY OF TALLAHASSEE.	STATE				
1800 COUNTRY CLUB DRIVE LYNN HAVEN FL 32444 US		1800 COUNTRY CLUB DRIVE LYNN HAVEN FL 32444 US			MLLAHASSEE.	FLORIDA			
2. Principal Place of Business		3. Mailing Address		I ISENER EN BELLE SUN SELLE SELLE	ili ban s bara (ahi sak	81 86W WW B			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		. 1st MOORE	CR2E083 ((10/05)			
City & State		City & State		4. FEI Number 3582	3905	1	plied For Applicable		
Zip Country		Zip Country		try	5. Certificate of Status Desired	.Z \$	5.00 Add	litional d	
	6. Name and Address of Current	Registered Agent				Registered Ag	ent		
VILLA DADA - OLINAANIT			Name						
180	APURA, DHVANIT D COUNTRY CLUB DRIVE IN HAVEN FL 32444				Street Address (P.O. Box Number is Not Acceptable)				
LTIN	IN MAYEN FL 32444								
			City		FL	Zip Code	9		
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 Squakure, typast or invested manse of registered agains and bits if applicable. (NOTE Registered Agent signature required when rendativing) DATE									
FILE NOW!!! FEE IS \$50.00									
Make Check Payable to Florida Department of State. Due By May 1, 2006									
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nne	MANAGING MEMBE	HS/MANAGERS Delete	10.		ADUITON	S/CHANGES f	Change	☐ Addition	
NAME	VIJAPURA, DHVANIT	- Science	NAM						
STREET ADDRESS	1800 COUNTRY CLUB DRIVE		9	ET ACORESS					
CITY-SI-ZIP	LYNN HAVEN FL 32444		-	-ST-ZIP				Charte	
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	Certify that the information supplied wit	h this filing does not quality for		l	ed in Section 119 Florida Statutes	Literate certif	v that the i	nformation	
11. I hereby certify that the information supplied with this fiting does not qualify for the exemptions contained in Section 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 it 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.									

(850) 265 5046.

Daylime Phone #

7-1-2006.

SIGNATURE: 7-1-20
SIGNATURE MIDITYPED OR PRIMED HAME OF SIGNING MANAGING MEMBER, WANAGER, OR AUTHORIZED REPRESENTATIVE