

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90034 034 ****55.00

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1. Entity Name
NITRASPEC LIMITED LIABILITY COMPANY



Principal Place of Business
**14720 CORAL BERRY DR.
 TAMPA, FL 33626**

Mailing Address
**P.O. BOX 262105
 TAMPA, FL 33685-2105**

2. Principal Place of Business
14720 Coral Berry dr

3. Mailing Address

Suite, Apt. #, etc.

City & State
Tampa, FL

City & State

Zip
33626

Country
Hillsborough

Zip

Country



05022006 Chg-LLC CR2E083 (11/05)

4. FEI Number

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ELDRIDGE, MITCHELL T
 14720 CORAL BERRY DR.
 TAMPA, FL 33626**

7. Name and Address of New Registered Agent

Name
Mitchell Eldridge, T

Street Address (P.O. Box Number is Not Acceptable)
14720 Coral Berry dr

City
Tampa

FL Zip Code
33626

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 *Mitchell Eldridge* DATE *5/1/06*

Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ELDRIDGE, MITCHELL T 14720 CORAL BERRY DR. TAMPA, FL 33626	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUBOSE, DON 18123 SAILFISH DR. APT. 6 LUTZ, FL 33558	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: *Mitchell Eldridge* DATE *5/1/06* DAYTIME PHONE # *813-876-1375*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE