## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 17, 2006 8:00 am Secretary of State

Principal Place of Business   SURIAT, P. 13994	55 EAST OCEAN BLVD STUART, FL 34994  2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Zip  Country  Zip  Country  Street Address of Current Registered Agent  T, Nern  Street Address (P.O. Box  STUART, FL 34994  Street Address (P.O. Box  Street Address (P.O. Box  STUART, FL 34994  City  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, the obligations of registered agent.  SIGNATURE  Signature, typed or primer rane of registered agent and title # applicable.  PIlling Fee is \$50.00  Due by May 1, 2006  9. MANAGING MEMBERS /MANAGERS  TILL  NAME  SIRET ADDRESS CITY-S1-2P  TILL  NAME  GRANT, OLGA M  GRANT, OLGA M  SIRET ADDRESS CITY-S1-2P  TILL  NAME  SIRET ADDRESS CITY-S1-2P  TILL  TILL  Delete  TILL  TILL	1. Entity Nam	MENT # L05000096			04-17-2006	5 90053 050	0 ****5	0.00							
55 EAST OCEAN BLVD STURRT, R. 34994  2. Principal Place of Business  Sulfe, Apt • etc.  S	2. Principal Place of Business 3. Mailing Address  Suite, Apt. #, etc. Suite, Apt. #, etc. 03042  City & State Country Zip Country 5. Cert  6. Name and Address of Current Registered Agent 7. Nem  GUY, WILLIAM E JR  GUY, WILLIAM E JR  55 EAST OCEAN BLVD  STUART, FL 34994  Street Address of Current Registered Agent 7. Nem  Name  6. Name and Address of Current Registered Agent 7. Nem  Name  55 EAST OCEAN BLVD  Street Address (P.O. Box  Street Address (P.O. Box  City  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, the obligations of registered agent.  SIGNATURE  SIGNATURE  Signature, typed or prived rane of registered igners and title it applicable. MOTE: Registered Agent agreature required when reintal modes of the purpose of changing its registered Agent agreature required when reintal modes of the purpose of changing its registered office or registered agent, the obligations of registered agent.  SIGNATURE  SIGNATUR	Principal Place	e of Business	Mailing Address			7 20031401									
2. Principal Place of Business 3. Mailing Address s  Sulfe, April 4, 605. Sulfe	STUART, FL 34994  2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Name  GUY, WILLIAM E JR S5 EAST OCEAN BLVD STUART, FL 34994  City  STUART, FL 34994  City  Street Address (P.O. Box.  City  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.  SIGNATURE  Signature, Speed or private name of registered agent and title ill applicates.  POTE: Registered Agent signature required when remate the purpose of parts and title ill applicates.  POTE: Registered Agent signature required when remate the purpose of changing its registered office or registered agent.  ITILE  MARC SIRET ADDRESS CITY-S1-2IP  TITLE  MARE SIRET ADDRESS CITY-S1-2IP  TITLE	·		•												
Surie, Apl. #, etc.    Surie, Apl. #, etc.   Surie, Apl. #, etc.	Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  S. Cert  6. Name and Address of Current Registered Agent Name  SI Cannow Registered Agent Name  SI City  SI Cannow Registered Agent Si City  Signature, poed or present neme of registered agent and title # applicable.  Filling Fee is \$50.00  Due by May 1, 2006  9. MANAGING MEMBERS /MANAGERS ITILE NAME GRANT, JOHN C SIREET ADDRESS OTH'-ST-2P  TITLE M GRANT, JOHN C SIREET ADDRESS OTH'-ST-2P  TITLE M GRANT, OLGA M SIREET ADDRESS OTH'-ST-2P  TITLE M GRANT, OLGA M SIREET ADDRESS OTH'-ST-2P  TITLE MAME SIREET ADDRESS															
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Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   \$5.00 Additional received required received receiv	Zip Country Zip Country 5. Cert  6. Name and Address of Current Registered Agent 7. Nam  GUY, WILLIAM E JR 55 EAST OCEAN BLVD STUART, FL 34994  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, the obligations of registered agent.  SIGNATURE  Signature, typed or prived name or registered agent and title if applicable.  POTE: Registered Agent apprature required when remains the purpose of changing its registered office or registered agent.  SIGNATURE  FIIIng Fee is \$50.00  Due by May 1, 2006  9. MANAGING MEMBERS/MANAGERS 10.  TITLE  MANAE  GRANT, JOHN C  SIREET ADDRESS  CITY-ST-2P  FILE  MME  GRANT, OLGA M  SIREET ADDRESS  CITY-ST-2P  FITLE  MAME  GRANT, OLGA M  SIREET ADDRESS  CITY-ST-2P  TITLE  MAME  SIREET ADDRESS  CITY-ST-2P  TITLE	Suite, Apt. #, etc.		Suite, Apt. #, etc.		03042006	Chg-LLC	CR2E083	3 (11/05)							
S. Certificate of Status Desired   Fee Required   F	6. Name and Address of Current Registered Agent 7. Nam GUY, WILLIAM E JR 55 EAST OCEAN BLVD STUART, FL 34994  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, the obligations of registered agent.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when remote purpose of Changing its registered office or registered agent, the obligations of registered agent. SIGNATURE    Filling Fee is \$50.00   Due by May 1, 2006     9.	City & State		City & State		4. FEI Numbe	08185	33								
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, bysed or printed registered agent and title if applicable.   (NOTE: Registered Agent agreetive dispense required when remistatory)   DATE	8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.  SIGNATURE    Signature, speed or privated name or registered agent and title if applicable. (NOTE: Registered Agent agnature required when reinstate in the purpose of changing its registered office or registered agent.    Signature, speed or privated name or registered agent and title if applicable. (NOTE: Registered Agent agnature required when reinstate in the purpose of changing its registered office or registered agent.    Signature, speed or private name or registered agent and title if applicable. (NOTE: Registered Agent agnature required when reinstate in the purpose of changing its registered office or registered agent.   Signature   Signature, speed or private agent and title if applicable. (NOTE: Registered Agent agnature required when reinstate in the purpose of changing its registered office or registered agent.   Signature   Delete   IIII.E   NAME   NAME   Signature required when reinstate   NAME   Signature r	STUART, I	rL 34354													
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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.

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