

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000099561

Entity Name: A.T.V. BLESSINGS, LLC

FILED
May 16, 2006
Secretary of State

Current Principal Place of Business:

3017 WHITE CEDAR CIRCLE
KISSIMMEE, FL 34741 US

New Principal Place of Business:

3956 TOWN CENTER BLVD
SUITE 289
ORLANDO, FL 32837 US

Current Mailing Address:

3017 WHITE CEDAR CIRCLE
KISSIMMEE, FL 34741 US

New Mailing Address:

3956 TOWN CENTER BLVD
SUITE 289
ORLANDO, FL 32837 US

FEI Number: 20-3605750 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

VARGAS, TONY
3017 WHITE CEDAR CIRCLE
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

VARGAS, TONY
3956 TOWN CENTER BLVD
SUITE 289
ORLANDO, FL 32837 US

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.

SIGNATURE:

05/16/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: REALTY1ONE OF CENTRA, L FLORIDA, INC
Address: 3017 WHITE CEDAR CIRCLE
City-St-Zip: KISSIMMEE, FL 34741 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: REALTY1ONE OF CENTRA, L FLORIDA, INC
Address: 3956 TOWN CENTER BLVD., SUITE 289
City-St-Zip: ORLANDO, FL 32837 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TONY VARGAS

MGR

05/16/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date