2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2006
Secretary of State

DOCUMENT# L05000100028

Entity Name: LTL HIGH QUALITY SERVICES, LLC

Current Principal Place of Business:

11132 ROUSE RUN CIRCLE
ORLANDO, FL 32817

New Principal Place of Business:

Current Mailing Address:

11132 ROUSE RUN CIRCLE
ORLANDO, FL 32817

New Mailing Address:

FEI Number: 20-3602255 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOARES, ANTONIO C
11132 ROUSE RUN CIRCLE
ORLANDO, FL 32817 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: P ( ) Delete
Name: SOARES, ANTONIO C
Address: 11132 ROUSE RUN CIRCLE
City-St-Zip: ORLANDO, FL 32817

Title: D ( ) Delete
Name: SOARES, LEANDRO J
Address: 11132 ROUSE RUN CIRCLE
City-St-Zip: ORLANDO, FL 32817

Title: MGR ( ) Delete
Name: SOARES, LEAONARDO J
Address: 11132 ROUSE RUN CIRCLE
City-St-Zip: ORLANDO, FL 32817

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: SOARES, LEONARDO J
Address: 11132 ROUSE RUN CIRCLE
City-St-Zip: ORLANDO, FL 32817

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: ANTONIO C. SOARES P 01/17/2006

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