
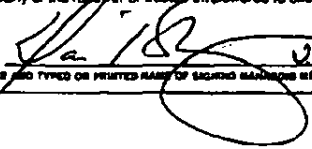


FILED
Jun 23, 2006 8:00 am
Secretary of State

04-28-2006 90034 034 ****50.00

**2006 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L05000102867			
1. Entity Name COMBINED RESOURCES, LLC			
Principal Place of Business 2999 NE 191 STREET SUITE 905 AVENTURA, FL 33180		Mailing Address 2999 NE 191 STREET SUITE 905 AVENTURA, FL 33180	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-3722802		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HELLMAN, MAYNARD J ESQ. 2999 NE 191 STREET SUITE 905 AVENTURA, FL 33180		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL Zip Code	
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 _____ DATE _____ <small>Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rendering)</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEMBER - VICE PRES. DAVID SHURGIA 19925 NW 39 PLACE AVENTURA, FL 33180 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 I, as signee, 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 disclose this report as required by Chapter 606, Florida Statutes.			
SIGNATURE: 		DATE: 4/25/06 (30) 9/8 0005	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNOR MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	