

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000105403

Entity Name: 4832 WARRIOR LANE, LLC

**FILED**  
**Mar 28, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

1249 N ORANGE AVENUE  
ORLANDO, FL 32804

**New Principal Place of Business:**

**Current Mailing Address:**

1249 N ORANGE AVENUE  
ORLANDO, FL 32804

**New Mailing Address:**

FEI Number: 20-3699595

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PROCTOR, LAURA B  
1249 N ORANGE AVENUE  
ORLANDO, FL 32804 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: MGR ( ) Delete  
Name: PARRETT, JOHN E  
Address: 1249 N ORANGE AVENUE  
City-St-Zip: ORLANDO, FL 32804

**ADDITIONS/CHANGES:**

Title: D (X) Change ( ) Addition  
Name: PARRETT, JOHN E  
Address: 1249 N ORANGE AVENUE  
City-St-Zip: ORLANDO, FL 32804

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: JOHN PARRETT

D

03/28/2006

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