| 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT | | | | FILED Jan 25, 2006 8:00 Secretary of Sta | |
|--|---|--|---|--|--|
| 1. Entity Nam | MENT # L05000105 | 5944 | | 01-25-20 | 06 90048 028 ****50. |
| Principal Place of Business 3295 RANCH ROAD VERO BEACH, FL 32961 | | Mailing Address PO BOX 6490 VERO BEACH, FL 329 | 61 |) (100/100/1006-00/101-00/10-00/10-00/10-00/10-00/10-00/10-00/10-00/10-00/10-00/10-00/10-00/10-00/10-00/10-00/10 | 20002723 |
| 2. Principal F Suite, Apt. | Place of Business | 3. Mailing Address Po Box Suite, Apt. #, etc. | 1148 | | |
| City & Stat | | City & State | · · · · · · · · · · · · · · · · · · · | 01112006 Chg-LLC 4. FEI Number | CR2E083 (11/05) |
| Zip | Country | VERO BEALI Zip 32961 | Country | 20 - 380268 5. Certificate of Status Desired | \$E 00 + 485 |
| | MICHAEL DINAL DRIVE ACH, FL 32963 | | Street Address (| P.O. Box Number is Not Acceptat | FL Zip Code |
| SIGNATURE | Signature, typed or printed name of registered agent | t and title if applicable. (NOT | E: Registered Agent signature required | I when reinstating) | DATE |
| - Fi | Signature, typed or printed name of registered agent illing Fee is \$50.00 ue by May 1, 2006 : | I and tile if applicable. (NOT | E: Registored Agent signature required | M | DATE ake check payable to ida Department of State |
| 9. TITLE NAME STREET ADDRESS | iling Fee is \$50.00 iue by May 1, 2006 | | 10. TITLE NAME STREET ADDRESS | Ma Flori | ake check payable to |
| 9. Title NAME | iling Fee Is \$50.00 iue by May 1, 2006 MANAGING MEMBI MGRM KNIGHT, D. VICTOR JR | ERS/MANAGERS | 10. TITLE NAME | Ma Flori | ake check payable to ida Department of State S/CHANGES |
| 9. 177LE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | iling Fee is \$50.00 iue by May 1, 2006 | ERS/MANAGERS | 10_ TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS | Ma Flori | ake check payable to ida Department of State S/CHANGES |
| 9. 17. LE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS | iling Fee is \$50.00 iue by May 1, 2006 | ERS/MANAGERS | 10. TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS | Ma Flori | ake check payable to ida Department of State S/CHANGES Change |
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| 9. 117LE NAME STREET ADDRESS CITY-ST-ZIP 117LE NAME STREET ADDRESS CITY-ST-ZIP 117LE NAME STREET ADDRESS CITY-ST-ZIP 117LE NAME STREET ADDRESS CITY-ST-ZIP | iling Fee is \$50.00 iue by May 1, 2006 | ERS/MANAGERS | 10. TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP | Ma Flori | ake check payable to ida Department of State S/CHANGES Change |