50.W

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

		ANNUAL			100						
DOCUMENT # L05000106298								CECUE	FILED		
1. Entity Nam	n e	SSOCIATES, LLC							TARY OF STAT OF CORPORATI		
						TEL		06 MAR	17 AM 10: 4	7	
Principal Plac	e of Busines	S	Mailing Address	Mailing Address					· · · mirio· · ·	•	
101 EAST KENNEDY BLVD., SUITE 3300			101 EAST KENNEDY BLVD., SUITE 3300			n					
TAMPA, FL 33602			TAMPA, FL 33602			(EIDI GIIN EDIN DEIN BON	FI STERN GERNE ONKO MENDE FERDI DE		
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01102006	Chg-LLC	CR2E083 (11/05)		
City & State			City & State				4. FEI Number		No	pplied For at Applicable	
Zip	Country		Zip	Country		· · · · · · · · · · · · · · · · · · ·		of Status Desired	55.00 Add Fee Require		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name					
MCDONOUGH, BRIAN J 2200 MUSEUM TOWER, 150 WEST FLA			GLER ST.		Street Address (P.O. Box Number is Not Acceptable)						
MIAMI, FL	33130										
				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											
Filing Fee is \$50.00 Due by May 1, 2006									e check payable to Department of Stat	Ð	
9.	MANAGING MEMBERS/MANAGERS 10.							ADDITIONS/	CHANGES		
TITLE NAME			Delete	TITL		M	TIB ,	0	☐ Change	☐ Addition	
STREET ADDRESS					EET ADDRESS	MAL	HARDOUR	JUNES.	165 L/161 805		
CITY-ST-ZIP				CITY	-ST-ZIP	Tax	Pa. D	,			
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NAME Street address			NAM: Stre		EET ADDRESS		n3/	500069068576 /39/0601062021 **650.00			
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CITY-ST-ZIP					-ST-ZIP						
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NAME STREET ADDRESS				NAM STRI	eet address						
CITY-ST-ZIP					(-SI-ZIP						
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TITLE			☐ Delete	TITL					☐ Change	☐ Addition	
NAME STREET ADDRESS				NAM STRI	re Eet address					ļ	
CITY-ST-ZIP					-ST-ZIP						
indicated	d on this repo	ort is true and accurate and	this filing does not qualify to that my signature shall have	the sam	e legal effe	ct as if n	nade under oath;	that I am a manag	urther certify that the info	ormation er of the	
limited lia	ability compa	iny or the receiver or trustee	e empowered to execute this	report a	s required b	y Chap	eter 608, Florida S	tatutes.			
SIGNATURE: DATE OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayling Phone 4											
i	OF OTHER PROPERTY.	TIPED ON PRINTED NAME O	· SIGNERO MANAGERO MEMBER, MA	whoch, U		REFRESE	-MINITE	Date	Sayume Phone #	1	