## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L05000112261



## FILED Apr 17, 2006 8:00 am Secretary of State

	LLC				(	04-17-2006 9005		**50.00		
Principal Place of Business 6400 FLOTILLA DRIVE, #95 HOLMES BEACH, FL 34217		Mailing Address 6400 FLOTILLA DRIVE, HOLMES BEACH, FL 34							<b>BB</b> L 511 4 <b>38</b> 1	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03272006	Chg-LLC	CR2E08	33 (11/05)		
City & State		City & State			4. FEI Numb	 38 <i>25</i> 26°	9	Applied For Not Applicable		
Zip Country		Zip Cour		try		of Status Desired	F	\$5.00 Add ee Require		
6. Name and Address of Current Reg		gistered Agent Name		Nama	7. Name and	Address of New R	egistered A	gent		
SEIFERT, MARILYN 6400 FLOTILLA DRIVE, #95 HOLMES BEACH, FL 34217				<u>,                                    </u>	Street Address (P.O. Box Number is Not Acceptable)					
				City	<del></del>		FL	Zip Cod	е	
The above named entity submits this the obligations of registered agent.	statement for th	ne purpose of changing its	registere	ed office or registe	ered agent, or bo	oth, in the State of Flo	orida. I am fa	amiliar with,	and accept	
SIGNATURE	f registered agent and	title if applicable. (NOTE	: Registered	d Agent signature require	ed when reinstating)		DATE			
	***									
Filing Fee is \$50.00 Due by <del>M</del> ay 1, 2006					:		e check pa Departme	•	•	
9. MANAGING MEMBERS/MANAGERS		10.			ADDITIONS/	CHANGES				
TITLE MGR		☐ Delete	TITLE	MG	RM)			Π Δ	Addition	
		Delete	,					Change		
NAME SEIFERT, KARL		L Delete	NAME	SE	TEERT A	KARL		Linange		
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STREET ADDRESS 6400 FLOTILLA DRIV CITY-ST-ZIP HOLMES BEACH, FL TITLE MGR NAME SEIFERT, MARILYN	. 34217		NAME STREI CITY - TITLE NAME	ET ADDRESS 640 ST-ZIP HOLD MG	TFERT IN PLOTIC MES BEARM) FERT, M	LLA DRIVE, * <u>CH, FL 34z</u> ARILYN	\$ 95 217			
STREET ADDRESS 6400 FLOTILLA DRIV CITY-ST-ZIP HOLMES BEACH, FL TITLE MGR NAME SEIFERT, MARILYN STREET ADDRESS 6400 FLOTILLA DRIV	. 34217 /E, #95		NAME STREI CITY - TITLE NAME STREI	ET ADDRESS 640 SI-ZIP HOLD MG E ET ADDRESS 640	TFERT IN FLOTION FERT, MES FLOTION FERT, MES FLOTION F	LA DRIVE * CA, FL 342 ARILYN LA DRIVE,#9	+ 95 217 95			
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Indicated on this report is true and accurate and that my 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 AND TYPED OR PONTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE