## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 14, 2006 8:00 am Secretary of State

DOCUMENT # L05000115507  1. Entity Name 14437 PIMBERTON DR., LLC							03-14-2006 9				
Principal Place of Business  2358 CROSS TEE CT.  BROOKSVILLE, FL 34604 US  Mailing Address  2358 CROSS TEE CT.  BROOKSVILLE, FL 34604 US  BROOKSVILLE, FL 34604					JS	1 (88)(81) 9()	2318) EIII) AAIII BAX; ESIA		. <b>0</b> / 3 ђ		
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03062006	Chg-LLC	CR2E08	3 (11/05)			
City & State		City & State			4. FEI Number		Applied For Not Applicable				
Zip	Country		Zip Count		try	5. Certificate of Status Desired		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
THE HOGAN LAW FIRM, LLC					Name						
20 SOUTH BROAD STREET					Street Address	(P.O. Box Numbe	er is Not Acceptable	·)			
BROOKSVILLE, FL 34601					<u> </u>			•			
			City				FL	Zip Code	<del></del>		
8. The above	named entit	v submits this statement for	the purpose of changing its	registere	ad office or registe	ered agent, or bot	h in the State of Flo		miliar with	and accept	
the obligat			p. p. p. c.				.,				
SIGNATURE .	Signature, typed	or printed name of registered agent a	nd title if applicable. {NOTE	E: Registered	d Agent signature require	ed when reinstating)		DATE			
Filing Fee is \$50.00 Due by May 1, 2006					Make check payable to Florida Department of State						
Fi Di	iling Fee l ue by Ma	is \$50.00 y 1, 2006								•	
Fi Di	iling Fee I ue by May	is \$50.00 y 1, 2006	RS/MANAGERS	10.				Departme		•	
D:	MGRM	y 1, 2006  MANAGING MEMBER	RS/MANAGERS	10.			Florida	CHANGES		☐ Addition	
9. TITLE NAME	MGRM GOTSKI,	MANAGING MEMBER CHRIS J		TITLE	E		Florida	CHANGES	nt of State		
9. TITLE NAME STREET ADDRESS	MGRM GOTSKI, 2358 CRO	MANAGING MEMBER CHRIS J DSS TEE CT.		TITLE NAME STREE	E Et adoress		Florida	CHANGES	nt of State		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOTSKI, 2358 CRO	MANAGING MEMBER CHRIS J	☐ Delete	TITLE NAMI STREE CITY-	E ET ADORESS - ST-ZIP		Florida	CHANGES	nt of State	Addition	
9. TITLE NAME STREET ADDRESS	MGRM GOTSKI, 2358 CRO	MANAGING MEMBER CHRIS J DSS TEE CT.		TITLE NAME STREE	E ET ADORESS - ST - ZIP		Florida	CHANGES	nt of State		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGRM GOTSKI, 2358 CRO	MANAGING MEMBER CHRIS J DSS TEE CT.	☐ Delete	TITLE NAM! STREE CITY- TITLE NAM!	E ET ADDRESS  ET ADDRESS  ET ADDRESS		Florida	CHANGES	nt of State	Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGRM GOTSKI, 2358 CRO	MANAGING MEMBER CHRIS J DSS TEE CT.	□ Delete	TITLE NAM! STREE CITY- TITLE NAM!	E ET ADDRESS - ST-ZIP		Florida	CHANGES	Change	Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGRM GOTSKI, 2358 CRO	MANAGING MEMBER CHRIS J DSS TEE CT.	☐ Delete	TITLE NAME STREE CITY- TITLE NAME STREE CITY-	E ET ADORESS -ST-ZIP		Florida	CHANGES	nt of State	Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGRM GOTSKI, 2358 CRO	MANAGING MEMBER CHRIS J DSS TEE CT.	□ Delete	TITLE NAMI STREE CITY- TITLE NAMI STREE CITY- TITLE NAMI NAMI NAMI	E ET ADDRESS - ST - ZIP		Florida	CHANGES	Change	Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGRM GOTSKI, 2358 CRO	MANAGING MEMBER CHRIS J DSS TEE CT.	□ Delete	THTLE NAMI STREE CITY THTLE NAMI STREE CITY THLE NAMI STREE	E ET ADORESS -ST-ZIP		Florida	CHANGES	Change	Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOTSKI, 2358 CRO	MANAGING MEMBER CHRIS J DSS TEE CT.	□ Delete	THTLE NAMI STREE CITY THTLE NAMI STREE CITY THLE NAMI STREE	E ET ADORESS -ST-ZIP  E E ET ADORESS -ST-ZIP  E E ET ADORESS -ST-ZIP  E E ET ADORESS		Florida	CHANGES	Change	Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGRM GOTSKI, 2358 CRO	MANAGING MEMBER CHRIS J DSS TEE CT.	☐ Delete☐ Delete☐ Delete☐ Delete☐ Delete☐ Delete☐	THILE NAMI STREE CITY- TITLE NAMI STREE CITY- TITLE NAMI STREE CITY- TITLE NAMI STREE CITY-	E ET ADDRESS -ST-ZIP  E ET ADDRESS -ST-ZIP  E ET ADDRESS -ST-ZIP  E ET ADDRESS -ST-ZIP		Florida	CHANGES	Change  Change	Addition  Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGRM GOTSKI, 2358 CRO	MANAGING MEMBER CHRIS J DSS TEE CT.	☐ Delete☐ Delete☐ Delete☐ Delete☐ Delete☐ Delete☐	TITLE NAMI STREE CITY- TITLE NAMI STREE CITY- TITLE NAMI STREE CITY- TITLE NAMI STREE NAMI STREE	E ET ADDRESS -ST-ZIP  E ET ADDRESS -ST-ZIP  E ET ADDRESS -ST-ZIP  E ET ADDRESS -ST-ZIP  E ET ADDRESS		Florida	CHANGES	Change  Change	Addition  Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOTSKI, 2358 CRO	MANAGING MEMBER CHRIS J DSS TEE CT.	☐ Delete ☐ Delete ☐ Delete ☐ Delete	THILE NAMI STREE CITY- TITLE NAMI STREE CITY- TITLE NAMI STREE CITY- TITLE NAMI STREE CITY-	E ET ADDRESS -ST-ZIP  E ET ADDRESS -ST-ZIP  E E ET ADDRESS -ST-ZIP  E E ET ADDRESS -ST-ZIP  E E ET ADDRESS -ST-ZIP		Florida	CHANGES	Change  Change  Change	Addition  Addition  Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGRM GOTSKI, 2358 CRO	MANAGING MEMBER CHRIS J DSS TEE CT.	☐ Delete☐ Delete☐ Delete☐ Delete☐ Delete☐ Delete☐	TITLE NAMI STREE CITY- TITLE NAMI STREE CITY- TITLE NAMI STREE CITY- TITLE NAMI STREE NAMI STREE	E ET ADDRESS -ST-ZIP		Florida	CHANGES	Change  Change	Addition  Addition	
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	MGRM GOTSKI, 2358 CRO	MANAGING MEMBER CHRIS J DSS TEE CT.	☐ Delete ☐ Delete ☐ Delete ☐ Delete	TITLE NAMI STREE CITY- TITLE NAMI STREE STREE	E ET ADDRESS -ST-ZIP  E ET ADDRESS		Florida	CHANGES	Change  Change  Change	Addition  Addition  Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGRM GOTSKI, 2358 CRO	MANAGING MEMBER CHRIS J DSS TEE CT.	☐ Delete ☐ Delete ☐ Delete ☐ Delete	TITLE NAMI STREE CITY- TITLE NAMI STREE STREE	E ET ADDRESS -ST-ZIP		Florida	CHANGES	Change  Change  Change	Addition  Addition  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 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: Cluing . Sate.

NAME STREET ADDRESS

CITY-ST-ZIP

13/9/2006

Daytime Phone #