## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Sep 07, 2006 8:00 am Secretary of State

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DOCUMENT # L05000123593  1. Entity Name UNION COUNTY, LLC							08-21-2006 90129 028 ****50.00					50.00	
Principal Place of Business 989 SEBASTIAN BLVD., STE. 1 SEBASTIAN, FL 32958			989	Mailing Address 989 SEBASTIAN BLVD., STE. 1 SEBASTIAN, FL 32958									
2. Principal P	Mace of Business		3. Mai	iling Address									
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				09052006	Chg-L	.LC	CR2E	E083 (11/05)	
City & State			City	City & State				4. FEI Nurr	ber			h	plied For t Applicable
Zip	C	Country	Zip		Coun	try		5. Certifica	te of Status I	Desired		\$5.00 Add Fee Require	
والقاد سلام بينياسيندان	_6. Name and	Address of Cure	ront Registere	ed Agent				7. Name ar	d Address	of New Re	gistere	d Agent	
	N INFORMAT	TION SERVICI AVE.	ES, INC.			Name Street A	Sau ddress (P	ndes S 2.0. Box Num	<u>,</u>	Sc to	4-1		
SUITE 120 ORLANDO	00 D, FL 32801⊸	4904				489 :	Sekus	tan B	ارتعا. )	Suite	e	(	
						City <	Sela	istic	in		F	L 354	°58
	named entity su ions of registered		ent for the purp	oose of changing its	registere	ed office or	registere	ed agent, or b	oth, in the S				and accept
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SIGNATURE .	Signatule - vped or pri	inted name of registered	agent and title if app	plicable (NOTE	∴ Registere	d Agent signati	ure required s	when reinstating)		919	S O C	<b>5</b>	<del></del>
Fili	Signature your principles Signature your your principles Signature you	nted name of registered	agent and title if app	olicable (NOTE	∧G1 : Registere	d Agent signati	ure required v	when runstating)		Make	Check	payable to ment of State	
Fili		nted name of registered	agent and title if app	olicable (NOTE	Registare				AD	Make Florida	check Depart	payable to ment of State	
Fili Due b		nted name of registered	agent and title if app	olicable (NOTE	10. TIILE NAM STRE				J. S	Make Florida	check Depart	payable to ment of State	
9. IIILE : NAME STREET ADDRESS		nted name of registered	agent and title if app	AGERS	10. TITLE NAM STRE CITY TITLE NAM STRE	E EET ADDRESS -ST-ZIP			J. S	Make Florida	check Depart	payable to ment of State	
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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.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/5/06

(712)388-2255

## **ATTACHMENT**

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/21/2006-90129-028-\$50.00-\$50.00

1. Entity Nam	MENT ₩ L0500012 OUNTY, LLC	23593								
Principal Place 989 SEBASTI SEBASTIAN, I	IAN BLVD., STE. 1	Mailing Address 989 SEBASTIAN BLVD SEBASTIAN, FL 32958				001				
2. Principal P	tace of Business	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, erc.			-	07052006	Chg-LLC	CR2E	E0 <b>83</b> (11/05)	
City & State	9	City & State			4. FEI Numb	ear		k	oplied For of Applicable	
Zip	Country	Zip	Countr	у		5. Certificate	of Status Desired	≠ ,   □	\$5.00 Ad Fee Require	ditional
	6. Name and Address of Curre	nt Registered Agent					Address of Nev		d Agent	
	N INFORMATION SERVICE	S, INC.					, J. Scc			
420 SOUT SUITE 120	420 SOUTH ORANGE AVE.						er is Not Accepta	<u> </u>		·
ORLANDO	), FL 32801-4904			989 Sebasti			an Blu	ک رکم	TE.	<u> </u>
						stian		F	L 考验	958
	named entity submits this statemen ions of registered agent.	t for the purpose of changing its	s registere	d office or	register	ed agent, or bo	oth, in the State of	Florida, I an	n familiar with.	and accept
SIGNATURE .	Signature, typed or printed name of registered an	INVI	If: Banatarat	Acres towards	en recovered	when reinstating)		DATE		<u> </u>
	Separate (special partial name or repositional)	RITATO DE RAPPOZADO.	c. Population	William Render	101/00/00	and leaving,		DATE		
	ing Fee is \$50.00 — — by September 6, 2006				•				payable to – ment of Stat	6
9.	MANAGING MEM	BERS/MANAGERS	10.		MG	. 0		IS/CHANGE		
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lifté		☐ Delete	TITLE :		3 -	<u>uas j va</u>	4 1 C		☐ Change	Addition
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STREET ADDRESS CITY-ST-ZIP			SIREEI CHY-S	T ADDRESS						
11. I hereby of indicated	certify that the information supplied wood on this report is true and accurate a ability company or the receiver or true	and that my signature shall have	r the exem	options collegat effect	asırm)	iada under oatr	n; inai i am a mar	I further certinaging memb	ty that the info per or manage	rmation or of the
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SIGNAT	SIGNATURE AND TYPED OR PRINTED NAM	E OF SIGNING MANAGING MEMBER, MA	3.000.00	UTUABITED	DEDDEGE		Date		Outron Phone 4	