


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90256 050 ****50.00

DOCUMENT # L06000000022	
1. Entity Name FELSING RANKIN, LLC	

Principal Place of Business 1220 DOUGLAS AVENUE, SUITE 207 LONGWOOD, FL 32779	Mailing Address 1220 DOUGLAS AVENUE, SUITE 207 LONGWOOD, FL 32779
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2. Principal Place of Business 630 N. Wymore Road Suite, Apt. #, etc. 330	3. Mailing Address 630 N. Wymore Road Suite, Apt. #, etc. 330
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City & State Maitland, FL	City & State Maitland, FL
Zip 32751	Country USA

02162006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-4024769	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired, <input type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent FELSING, MARLYN D 1220 DOUGLAS AVENUE, SUITE 207 LONGWOOD, FL 32779	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
630 N. Wymore Road, Suite 330	
City Maitland	FL Zip Code 32751

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RANKIN, JUDY A 1220 DOUGLAS AVENUE, SUITE 207 LONGWOOD, FL 32779 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 630 N. Wymore Road, Suite 330 Maitland, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FELSING, MARLYN D 1220 DOUGLAS AVENUE, SUITE 207 LONGWOOD, FL 32779 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition " Same " as above "
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FELSING, CAROL E 1220 DOUGLAS AVENUE, SUITE 207 LONGWOOD, FL 32779 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition " Same " as above "
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: Marg D. Telley **3/7/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #