2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 14, 2007 8:00 am Secretary of State

THE Obligations of registered appears SIGNATURE Synthetic hypedro prized rame of Progrished fuelt and the if applicable. (INDTE: Registered Agent aignature required when reinstating) Part	1. Entity Name	MENT # L06000046 ASSOCIATES LLC				02-14-2007 9	90218 00	ı 6 **** 50	0.00		
Suite, Apt. #, otc. Suite, Apt. #, otc. Suite, Apt. #, otc. O1062007 Chg.LLC CR2E083 (12/06) Cny 5, State City 6, State City 6, State A. FEI Number Applied For Appli	549 CARCABA	A ROAD	549 CARCABA ROAD			ú		VIV			
City & State Country Country Country B.	2. Principal Pl	3. Mailing Address	Address								
Solution	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01062007	Chg-LLC	CR2E0	83 (12/06)		
S. Certificate of Status Desired	City & State	9	City & State			4. FEI Numb	er - 4819	321	⊢		
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NESBITT, WILLIAM B SAS CARCADA ST AUGUSTINE, FL 32084 City FL Zip Code	<u> </u>	6. Name and Address of Current	Registered Agent	N	Jame	7. Name and	Address of New R	egistered A	gent		
STAUGUSTINE, FL 32084 City FL Zip Code 8. The above named entity submits this statement for the propose of majority is registered agent, or both, in the State of Forda. I am familiar with, and acceptive obligations of registered agent, or both. in the State of Forda. I am familiar with, and acceptive of the obligations of registered agent, or both. in the State of Forda. I am familiar with, and acceptive of the obligations of registered agent, or both. in the State of Forda. I am familiar with, and acceptive of the obligations of registered agent, or both. in the State of Forda. I am familiar with, and acceptive of the obligations of registered agent, or both. in the State of Forda. I am familiar with, and acceptive of the obligations of registered agent, or both. in the State of Forda. I am familiar with, and acceptive of the obligations of registered agent, or both. in the State of Forda. I am familiar with, and acceptive of the obligations of registered agent, or both. in the State of Forda. I am familiar with, and acceptive of the familiar with, and acceptive of familiar with an analysing non-familiar with an analysing non-familiar of the information infinited liability company of the receiver of trustee engaged of execute lies of personal point of Chapter 10s. Fordat Statutes, Further certify that the information infinited liability company of the receiver of trustee engaged of execute lies of personal point of Chapter 10s. Fordat Statutes, Further certify that the information infinited liability company of the receiver of trustee engage										···	
8. The above named entity submits this statement for the mystopes of happerfiler (singlistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent agent. SIGNATURE SIGNATURE FILING Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES INTEL ADDRESS OITH 51-79* STAUGUSTINE, FL 32084 INTEL MARK FREE ADDRESS OITH 51-79* INTEL MARK STREET ADDRESS OITH 51-79* OITH 51-79* INTEL MARK STREET ADDRESS OITH 51-79* OITH 5						. 4.9					
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