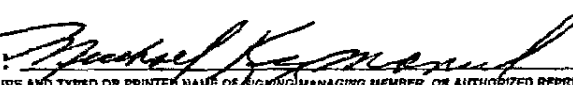
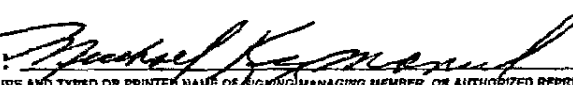
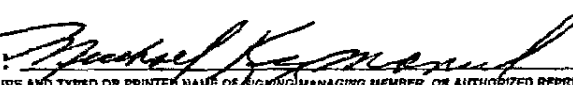


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # L94000000413																																		
1. Entity Name KRIZMANICH HOLDINGS, L.C.																																		
Principal Place of Business 5801 ULMERTON RD SUITE 203 CLEARWATER, FL 33760	Mailing Address 5801 ULMERTON ROAD SUITE 203 CLEARWATER, FL 33760	 01162006 No Chg-LLC CR2E083 (11/05) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 2px;">4. FEI Number 59-3261614</td><td style="width: 40%; padding: 2px;">Applied For ☐ Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required</td></tr></table>	4. FEI Number 59-3261614	Applied For ☐ Not Applicable	5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required																													
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DO NOT WRITE IN THIS SPACE																																		
8. Name and Address of Current Registered Agent KRIZMANICH, MICHAEL 5801 ULMERTON RD SUITE 203 CLEARWATER, FL 33760		DO NOT WRITE IN THIS SPACE																																
9. 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 resigning) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable																																		
Filing Fee is \$50.00 Due by May 1, 2006																																		
10. MANAGING MEMBERS/MANAGERS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%; padding: 2px;">TITLE</td><td style="padding: 2px;">MEM</td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;">KRIZMANICH, MICHAEL G</td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;">5801 ULMERTON RD SUITE 203</td></tr><tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;">CLEARWATER, FL 33760</td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;">MEM</td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;">KRIZMANICH, VINCETTA</td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;">5801 ULMERTON RD SUITE 203</td></tr><tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;">CLEARWATER, FL 33760</td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td></tr></table>		TITLE	MEM	NAME	KRIZMANICH, MICHAEL G	STREET ADDRESS	5801 ULMERTON RD SUITE 203	CITY-ST-ZIP	CLEARWATER, FL 33760	TITLE	MEM	NAME	KRIZMANICH, VINCETTA	STREET ADDRESS	5801 ULMERTON RD SUITE 203	CITY-ST-ZIP	CLEARWATER, FL 33760	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		000000401606 02/02/06-80051-017 50.00 DO NOT WRITE IN THIS SPACE
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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. <table style="width: 100%;"><tr><td style="width: 60%; padding: 5px;">SIGNATURE: </td><td style="width: 20%; padding: 5px; text-align: center;">1-23-06</td><td style="width: 20%; padding: 5px;"></td></tr><tr><td style="text-align: center; font-size: small;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</td><td style="text-align: center; font-size: small;">Date</td><td style="text-align: center; font-size: small;">Daytime Phone #</td></tr></table>			SIGNATURE: 	1-23-06		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #																										
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