


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L99000001113 1. Entity Name ANGEL FIRE, L.L.C.	
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Principal Place of Business 5347 MAIN ST., SUITE 100 NEW PORT RICHEY, FL 34652	Mailing Address 5347 MAIN ST., SUITE 100 NEW PORT RICHEY, FL 34652
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DO NOT WRITE IN THIS SPACE



07102006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3559116	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 GULECAS, JAMES F ESQUIRE 2555 ENTERPRISE ROAD, SUITE 15 CLEARWATER, FL 33763
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DO NOT WRITE IN THIS SPACE

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 September 8, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAUBER, FREDERICK A 5347 MAIN ST., SUITE 100 NEW PORT RICHEY, FL 34652
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<p>U000000575273 08/25/06-80003-003 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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:  **8/23/06** **727-847-4448**

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

Date

Daytime Phone #