

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000002074

**FILED**  
**Apr 30, 2006**  
**Secretary of State**

**Entity Name:** MARKITA, L.L.C.

**Current Principal Place of Business:**

105 LISAR LANE, SUITE 110  
LONGWOOD, FL 32750

**New Principal Place of Business:**

P.O. BOX 540257  
ORLANDO, FL 328540257 US

**Current Mailing Address:**

105 LISAR LANE, SUITE 110  
LONGWOOD, FL 32750

**New Mailing Address:**

P.O. BOX 540257  
ORLANDO, FL 328540257 US

**FEI Number:** 59-3635665

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WALLRAFF, MARK  
105 LISAR LANE, SUITE 110  
LONGWOOD, FL 32750 US

**Name and Address of New Registered Agent:**

WALLRAFF, MARK  
466 WEST PAR STREET  
ORLANDO, FL 32804 US

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.

SIGNATURE: MARK WALLRAFF

04/30/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WALLRAFF, MARK  
Address: 105 LISAR LANE, SUITE 110  
City-St-Zip: LONGWOOD, FL 32750

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: WALLRAFF, MARK  
Address: P.O. BOX 540257  
City-St-Zip: ORLANDO, FL 328540257

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARK WALLRAFF

MGRM

04/30/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date