## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

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

## FILED Apr 26, 2006 08:00 AN Secretary of State

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	ANIOAL ILI OILI		Apr 20, 2000 00.00 A
DOCUMENT # L9900005824  1. Entity Name NCSE, L.L.C.			Secretary of State
Principal Place of Business  12749 BAY PLANTATION DRIVE  IACKSONVILLE, FL 32223  Mailing Address  12749 BAY PLANTATION DRIVE  JACKSONVILLE, FL 32223			
DO NOT WRITE IN THIS SPACE			D4242006 No Chg-LLC CR2E083 (11/05)  4. FEI Number Applied For Not Applicable  5. Certificate of Status Desired S5.00 Additional Fee Required
6. Name and Address of Current Registered Agent INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE., STE 3000 MIAMI, FL 33131			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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when renstating)  DATE  Filling Fee is \$50.00  Due by May 1, 2006			
	AMANDANO MEMBERO MANAGERO	<u>'</u> -	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS  MGRM  STEINBERG, BRUCE  12749 BAY PLANTATION DRIVE  JACKSONVILLE, FL 32223		U00000534051 05/06/06-80148-002 50.00
THTLE NAME STREET ADDRESS CITY-ST-ZIP THTLE			DO NOT WRITE IN THIS SPACE
NAME SIREET ADDRESS CHY-ST-ZIP TITLE NAME			11 1 1 1 1 W 1 F 2 W 1mm
STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS			
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.			