2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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ROMERO, THOMAS 624 DOUGLAS AVENUE, SUITE 1412 ALTAMONTE SPRINGS FL 32714 Sueet Address (P.O. Box Number is Not Acceptable) City FL Zip Code 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 acceptable or registered agent, or both, in the State of Florida, i am familiar with, and acceptable or registered agent, or both, in the State of Florida, i am familiar with, and acceptable or registered agent, or both, in the State of Florida, i am familiar with, and acceptable or registered agent, or both, in the State of Florida, i am familiar with, and acceptable or registered agent, or both, in the State of Florida, i am familiar with, and acceptable or registered agent, or both, in the State of Florida, i am familiar with, and acceptable or registered agent, or both, in the State of Florida, i am familiar with, and acceptable or registered agent, or both, in the State of Florida, i am familiar with, and acceptable or registered agent, or both, in the State of Florida, i am familiar with, and acceptable or registered agent, or both, in the State of Florida, i am familiar with, and acceptable or registered agent, or both, in the State of Florida, i am familiar with, and acceptable or registered agent, or both, in the State of Florida, i am familiar with, and acceptable or registered agent, or both, in the State of Florida, i am familiar with, and acceptable or registered agent, or both, in the State of Florida, i am familiar with, and acceptable or registered agent, or both, in the State of Florida, i am familiar with, and acceptable or registered agent, or both, in the State of Florida, i am familiar with, and acceptable or registered agent, or both, in the State of Florida, i am familiar with, and acceptable or registered agent, or both, in the State of Florida, in am familiar with, and acceptable or registered agent, or both, in the State of Florida, in am familiar with, and acceptable or	Zip	Cou	ntry	Zip	Coun	try		5.00 Addi	itional
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11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 path; that I am a managing member or manager of the limited liability company or life receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	11. I hereby	certify that the info	mation supplied with	this filing does not qualify	for the e	xemptions contain	ned in Section 119, Florida Statutes. I further cert	ify that the ir	niormation

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