## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # M05000002002

1. Entity Name



FILED Apr 17, 2006 8:00 am Secretary of State 04-17-2006 90057 015 \*\*\*\*50.00

Principal Place of Business 1755 LEMRITON AVENUE DELAND, FL 32724  2. Principal Place of Euriness Side, Apt 4, 600:  Cay & State Cay & Sta	DA REALTY MANAGEMENT, LLC					
Suite, Apt. #, etc.   Suite, Apt. #, etc.   Criy & State   Criy	1755 LEXINGTON AVENUE		1755 LEXINGTON AVENU	JE		
City & State   City	2. Principal Place of Business		3. Mailing Address			
Zip Country	Suite, Apt. #, etc.		Suite, Apt. #, etc.		04122006 Chg-LLC CR2E083 (11/05)	
S. Certificate of Status General   Fee Required	City & State		City & State		4. FEI Number 20 - 2756904 Applied For Not Applicable	
Name   Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip	Country		
TECCE JOHN 1755 LEXINGTON AVENUE DELAND, FL 32724  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 lamiliar with, and eccept the obligations of registered agent, and part in the state of Florida. I am lamiliar with, and eccept the obligations of registered agent, and part in the state of Florida. I am lamiliar with, and eccept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and eccept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and eccept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and eccept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and eccept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and eccept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and eccept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and eccept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and eccept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and eccept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and eccept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and eccept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and eccept the obligations of registered agent, or both, in the State of Florida Department with, and eccept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and eccept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and eccept the obligations of registered agent, or both, in the State of Florida Department		6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent	
Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code	TECCE I	ON IN		Name		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent.    SigNATUR      Signature   Sign	1755 LEXINGTON AVENUE			Street Addre	ess (P.O. Box Number is Not Acceptable)	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am tamiliar with, and accept the obligations of registered agent.  SIGNATURE    Signature   Signatu				City	FL Zip Code	
SIGNATURE    Signature   Types or printed name of registered agent and sten / applicable   (NOTE Registered Agent signature required when renations)   DATE	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					
Filing Foe is \$50.00 Due by May 1, 2006  9.	SIGNATURE Supplies First to control some of positional some and the functioning and th					
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  TITLE MORES JORCKEFELLER PLAZA, 50TH FLOOR STREET ADDRESS CITY-S1-ZIP  TITLE MORE MORE MORE MORE MANAGERS STREET ADDRESS CITY-S1-ZIP  TITLE MORE MORE MORE MORE MANAGERS STREET ADDRESS CITY-S1-ZIP  TITLE MORE MORE MORE MANAGE STREET ADDRESS CITY-S1-ZIP  TITLE MORE MORE MANAGE STREET ADDRESS CITY-S1-ZIP  TITLE MORE MORE MANAGE STREET ADDRESS CITY-S1-ZIP  TITLE MORE MANAGE STREET ADDRESS CI	Signature, system of printed mains or regulational agains and trush appendixes. The CE insignation agains still each a required when instruments and instruments.					
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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 joustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED ORT

4/13/66