2006 LIMITED LIABILITY COMPANY				FILED		
1. Entity Nam	MENT # M050000	02621		Apr 24, 2006 08:00 AN Secretary of State		
Principal Place of Business Mailing Address 569 STOCKTON STREET 569 STOCKTON STREET NORTH FORT MYERS, FL 33903-2893 NORTH FORT MYERS, FL 3390			03-2893			
DO NOT WRITE IN THIS SPACE				03242006 No Chg-LLC CR2E083 (11/05) 4. FEI Number Applied For 43-2068309 Not Applicable 5. Certificate of Status Desired \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent COMBS, MARILYN S 569 STOCKTON STREET NORTH FORT MYERS, FL 33903-2893				DO NOT WRITE IN THIS SPACE		
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						
9.	MANAGING MEN	BERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COMBS, MARILYN 569 STOCKTON ST N FT MYERS, FL 33903 MGRM COMBS, ELZA 569 STOCKTON ST N FT MYERS, FL 33903	-	-	U00000531485 05/06/06-80039-017 50.00		
TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE		DO NOT WRITE				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			-			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP						
11. I hereby certily that the information supplied with this filling 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: Marilyn Combs 4/21/06 239-479-5799 SIGNATURE AND TYPED OR PRATED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Devolution Prone #						