

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000002535

FILED
Mar 09, 2006
Secretary of State

Entity Name: NENEZIAN AND SEIKALY, L.L.C.

Current Principal Place of Business:

8181 NW 154TH STREET
SUITE 230
MIAMI LAKES, FL 330165861

New Principal Place of Business:

Current Mailing Address:

8181 NW 154TH STREET
SUITE 230
MIAMI LAKES, FL 330165861

New Mailing Address:

FEI Number: 65-0989655

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NENEZIAN, GEORGE J
8181 NW 154TH STREET
SUITE 230
MIAMI LAKES, FL 330165861 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NENEZIAN, GEORGE JOHN J
Address: 8181 NW 154TH STREET SUITE 230
City-St-Zip: MIAMI LAKES, FL 330165861

Title: MGRM () Delete
Name: SEIKALY, OSCAR FRED
Address: 8181 NW 154TH STREET SUITE 230
City-St-Zip: MIAMI LAKES, FL 330165861

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NENEZIAN, GEORGE J
Address: 8181 NW 154TH STREET SUITE 230
City-St-Zip: MIAMI LAKES, FL 330165882

Title: MGRM (X) Change () Addition
Name: SEIKALY, OSCAR F
Address: 8181 NW 154TH STREET SUITE 230
City-St-Zip: MIAMI LAKES, FL 330165882

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: GEORGE J NENEZIAN

MGRM

03/09/2006

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