


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90266 013 ****50.00

DOCUMENT # L02000031220		
1. Entity Name DESANTO ENTERPRISES, LLC		
Principal Place of Business 606 MASTHEAD COURT TAMPA FL 33602 US		Mailing Address 606 MASTHEAD COURT TAMPA FL 33602 US



2. Principal Place of Business 533 NE 3RD AVE		3. Mailing Address 533 NE 3RD AVE	
Suite, Apt. #, etc. UNIT 505		Suite, Apt. #, etc. UNIT 505	
City & State FT LAUDERDALE, FL		City & State FT LAUDERDALE, FL	
Zip 33301	Country USA	Zip 33301	Country USA

1st MOORE CR2E083 (10/05)

4. FEI Number NO-T APPLICABLE		Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DESANTO, THOMAS D 606 MASTHEAD COURT TAMPA FL 33602		7. Name and Address of New Registered Agent Name DE-SANTO, THOMAS D Street Address (P.O. Box Number is Not Acceptable) 533 NE 3RD AVE UNIT 505 City FT LAUDERDALE FL Zip Code 33301	

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 Thomas D. Desanto (NOTE: Registered Agent signature required when reinstating) DATE 3/12/06

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DESANTO, THOMAS D PRESIDE 606 MASTHEAD COURT TAMPA FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DESANTO, THOMAS D, PRESIDENT 533 NE 3RD AVE, UNIT 505 FT. LAUDERDALE, FL 33301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing 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 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: Thomas D. Desanto 3/12/06 954-224-7891
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #