


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000010987**

1. Entity Name  
**534, LLC**



Principal Place of Business <b>34 SOUTH HARBOR DRIVE          KEY LARGO, FL 33037</b>	Mailing Address <b>24 DOCKSIDE LANE, PMB#41          KEY LARGO, FL 33037</b>
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**DO NOT WRITE IN THIS SPACE**



01092006 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SIMS, NELSON M  
 34 SOUTH HARBOR DRIVE  
 KEY LARGO, FL 33037**

**DO NOT WRITE IN THIS SPACE**

B. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIMS, NELSON M 34 SOUTH HARBOR DRIVE KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEENAN, JAMES 5 HARDWOOD HAMMOCK LANE KEY LARGO, FL 33037
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 04/04/06-80041-020 50.00

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing 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: Nelson M. Sims (Nelson M. Sims)      3-16-06      305-367-3226

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #