


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90014 036 \*\*\*\*50.00

**DOCUMENT # L05000005130**

1. Entity Name  
**CEKLACY, LLC**



Principal Place of Business  
**1447 MEYER LANE  
 TARPON SPRINGS, FL 34688**

Mailing Address  
**1447 MEYER LANE  
 TARPON SPRINGS, FL 34688**

2. Principal Place of Business  
**1410 Lake Tarpon Ave.**

Suite, Apt. #, etc.  
**SUITE E**

City & State  
**Tarpon Springs, FL**

Zip  
**34688** County **USA**

3. Mailing Address  
**1410 Lake Tarpon Ave.**

Suite, Apt. #, etc.  
**SUITE E**

City & State  
**Tarpon Springs, FL**

Zip  
**34688** County **USA**



01052006 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-2183950** Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**BRONSON, MICHAEL L  
 1447 MEYER LANE  
 TARPON SPRINGS, FL 34688**

7. Name and Address of New Registered Agent

Name **Michael Bronson**

Street Address (P.O. Box Number is Not Acceptable)  
**1410 Lake Tarpon Ave.**

**SUITE E**

City **Tarpon Springs FL** Zip Code **34688**

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 *Michael P. Bronson* DATE **4/18/06**

Signature of the registered agent is required when reappointing. (NOTE: Registered Agent signature required when reappointing)

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

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	<b>Michael Bronson</b>	<b>1410 Lake Tarpon Ave.</b>	<b>Tarpon Springs, FL 34688</b>		
	<b>Michael Lacy</b>	<b>1410 Lake Tarpon Ave.</b>	<b>Tarpon Springs, FL 34688</b>		

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: *Michael P. Bronson* DATE **4/18/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  
**Michael Bronson**

Date **4/18/06** Daytime Phone #