# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Feb 22, 2006**
**Secretary of State**

DOCUMENT# L05000019642

**Entity Name:** XAJAX, LLC

**Current Principal Place of Business:**

836 JAMES ST
FORT MYERS, FL 33916

**New Principal Place of Business:**

**Current Mailing Address:**

836 JAMES ST
FORT MYERS, FL 33916

**New Mailing Address:**

**FEI Number: 20-2567345** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REUTER, CHRISTINE
836 JAMES ST
FORT MYERS, FL 33916 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: REUTER, CHRISTINE
Address: 836 JAMES ST
City-St-Zip: FORT MYERS, FL 33916

Title: MGRM ( ) Delete
Name: MENKES, ADAM L
Address: 3630 SE 16TH PLACE
City-St-Zip: CAPE CORAL, FL 33904

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: MENKES, ADAM L
Address: PO BOX 101374
City-St-Zip: CAPE CORAL, FL 33910

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: ADAM L MENKES MGRM 02/22/2006

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