

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000036966

FILED
Jul 12, 2006
Secretary of State

Entity Name: 3629 WEST ISB, LLC

Current Principal Place of Business:

15 LAUREL BREAK RIDGE
ORMOND BEACH, FL 31174

New Principal Place of Business:

15 LAUREL RIDGE BREAK
ORMOND BEACH, FL 32174

Current Mailing Address:

15 LAUREL BREAK RIDGE
ORMOND BEACH, FL 31174

New Mailing Address:

15 LAUREL RIDGE BREAK
ORMOND BEACH, FL 32174

FEI Number: 20-2687914 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

TUMBLESON, J. DOYLE
150 S. PALMETTO AVE.
SUITE A
DAYTONA BEACH, FL 32114 US

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:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: SAMMARO, SALVATORE M
Address: 15 LAUREL RIDGE BREAK
City-St-Zip: ORNOND BEACH, FL 32174

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

Title: MGR () Delete
Name: DEL PIZZO, CARLO SR.
Address: 1579 ROUTE 9
City-St-Zip: TOMS RIVER, NJ 08775

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

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: SALVATORE SAMMARO

MGR

07/12/2006

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