


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2006 8:00 am
Secretary of State

05-15-2006 90242 019 ****50.00

DOCUMENT # L05000060380

1. Entity Name
FLORIDA EXECUTIVE DELIVERY SERVICE L.L.C.



Principal Place of Business Mailing Address
1700 66TH ST. N., SUITE 202 **1700 66TH ST. N., SUITE 202**
ST. PETERSBURG, FL 33710 **ST. PETERSBURG, FL 33710**

20045699



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

05112006 Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For
20-2641023 Not Applicable

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

6. Name and Address of Current Registered Agent

SCHAFFER, MICHAEL W
1700 66TH ST. N., SUITE 202
ST. PETERSBURG, FL 33710

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SCHAFFER, MICHAEL W 1700 66TH ST. N., SUITE 202 ST. PETERSBURG, FL 33710	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MARTINI, BARBARA 1700 66TH ST. N., SUITE 202 ST. PETERSBURG, FL 33710	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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 type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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 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 W. SCHAFFER Date: 5/14/06 Daytime Phone #: (727) 432-7898