


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000004182

1. Entity Name
 SYMBIOTIC SOLUTIONS, L.L.C.



Principal Place of Business
 P.O. BOX 244535
 BOYNTON BEACH, FL 33424

Mailing Address
 P.O. BOX 244535
 BOYNTON BEACH, FL 33424



01262006 No Chg-LLC CR2E083 (1/1/05)

4. FEI Number
 65-0933828 Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FRANKEL, CLAY
 9580 CYPRESS PARK WAY
 BOYNTON BEACH, FL 33437

DO NOT WRITE IN THIS SPACE

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 re-registering) DATE _____

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

U00000429454
 02/22/06-80009-001 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FRANKEL, CLAY P.O. BOX 244535 BOYNTON BEACH, FL 33424
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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 605, Florida Statutes.

SIGNATURE: *Clay Frankel* DATE: 1/26/2006 DAYTIME PHONE #: 236-1414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE