

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000001549

Entity Name: MY FAVORITE GUITARS LLC

FILED
Jan 05, 2006
Secretary of State

Current Principal Place of Business:

2377 LINWOOD AVENUE, #204
NAPLES, FL 34112

New Principal Place of Business:

2377 LINWOOD AVENUE
SUITE 204
NAPLES, FL 34112

Current Mailing Address:

2377 LINWOOD AVENUE, #204
NAPLES, FL 34112

New Mailing Address:

FEI Number: 16-1624470

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARON, SHARON K
2377 LINWOOD AVENUE, #204
NAPLES, FL 34112 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: GARON, SHARON K
Address: 2377 LINWOOD AVENUE, #204
City-St-Zip: NAPLES, FL 34112

Title: MGRM () Delete
Name: GARON, JON R
Address: 2377 LINWOOD AVENUE, #204
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES:

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

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: SHARON K. GARON

MGRM

01/05/2006

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