

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000002483**

Entity Name

**GOVERNOR'S DISTRIBUTORS LLC**



Principal Place of Business

**8803 NW 23RD STREET  
MIAMI, FL 33172**

Mailing Address

**8803 NW 23RD STREET  
MIAMI, FL 33172**



01062006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**22-3534897**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BALANI, MANOJ  
8803 NW 23 STREET  
MIAMI, FL 33172**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

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

**MANAGING MEMBERS/MANAGERS**

P

**BALANI, MANOJ  
8803 NW 23 STREET  
MIAMI, FL 33172**

Direct Address

ST-ZIP

Direct Address

ST-ZIP

Direct Address

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Direct Address

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Direct Address

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Direct Address

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U000000390093  
01/30/06-80081-012 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Manoj Balani*

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

1-17-06

Date

305-597-1501

Daytime Phone (if)