

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000000844

1. Entity Name  
PANORAMIC ROCKS, L.L.C.



Principal Place of Business

Mailing Address

C/O FINE  
16657 SWEET BAY DR.  
DELRAY BEACH, FL 33445

C/O FINE  
16657 SWEET BAY DR.  
DELRAY BEACH, FL 33445

**DO NOT WRITE IN THIS SPACE**

**FILED**

2006 JUL 14 PM 1:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S06129900503

04/28/06 90018 003 \$150.00



07112006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

12-7286506

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FINE, ELI B.  
16657 SWEET BAY DR.  
DELRAY BEACH, FL 33445

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	D
NAME	NEVAI, ANDRAS
STREET ADDRESS	PO BOX 1273
CITY-ST-ZIP	SADONA, AZ 86339
TITLE	D
NAME	FINE, ELI B
STREET ADDRESS	16657 SWEET BAY DRIVE
CITY-ST-ZIP	DELRAY BEACH, FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

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

7/11/06

Date

(914) 747-2733

Daytime Phone #