


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000003517</b> 1. Entity Name <b>THE LOONEY BIN, L.L.C.</b>					
Principal Place of Business <b>761 YALE STREET ENGLEWOOD FL 34223</b>			Mailing Address <b>761 YALE STREET ENGLEWOOD FL 34223</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>NO-T APPLICABLE</b>	
6. Name and Address of Current Registered Agent  <b>LOONEY, NANCY 761 YALE STREET ENGLEWOOD FL 34223</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2006</b>					
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOONEY, MICHAEL J		NAME	<b>U00000540731</b>	
STREET ADDRESS	761 YALE STREET		STREET ADDRESS	<b>05/10/06-80030-008 50.00</b>	
CITY-ST-ZIP	ENGLEWOOD FL 34223		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, CHARLES		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	761 YALE STREET		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	ENGLEWOOD FL 34223		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PORTER, WILLIAM		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	761 YALE STREET		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	ENGLEWOOD FL 34223		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEWELL, DARYL		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	761 YALE STREET		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	ENGLEWOOD FL 34223		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEWELL, RICHARD		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	761 YALE STREET		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	ENGLEWOOD FL 34223		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEBBE, KEITH		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	761 YALE STREET		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	ENGLEWOOD FL 34223		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

**SIGNATURE:**

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

Date

Daytime Phone #

*Manager*

4-24-06 4941474-3104