

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90356 012 \*\*\*\*50.00

<b>DOCUMENT # L00000003732</b>					
1. Entity Name <b>FESTICO, LLC</b>					
Principal Place of Business <b>2900 W. SAMPLE ROAD POMPANO BEACH, FL 33073</b>			Mailing Address <b>2900 W. SAMPLE ROAD POMPANO BEACH, FL 33073</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-1032280</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>VALDES-FAULI CORPORATE SERVICES, INC.</b> ATTN: MARTIN R. PRESS 500 E. BROWARD BLVD., STE. 1400 FORT LAUDERDALE, FL 33394			Name <b>GY Corporate Services, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>500 E. Broward Blvd.</b> Suite 1400 City <b>Ft. Lauderdale FL</b> Zip Code <b>33394</b>		
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			DATE		
<i>(Signature)</i> <b>Martin R. Press, Esq., Vice President</b>			<b>3/8/06</b>		
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	<b>MGR</b>	<b>SHOOSTER, DANIEL H</b>	<b>2900 W. SAMPLE ROAD POMPANO BEACH, FL 33073</b>		
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: <i>(Signature)</i>			Date: <b>2/27/06</b>		Daytime Phone #: <b>(954) 979-4555</b>
<b>Daniel H. Shooster, Manager</b>					