


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


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

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

DOCUMENT # L00000003732	
1. Entity Name FESTICO, LLC	

Principal Place of Business 2900 W. SAMPLE ROAD POMPANO BEACH, FL 33073	Mailing Address 2900 W. SAMPLE ROAD POMPANO BEACH, FL 33073
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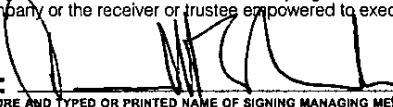
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

	
02272006 Chg-LLC	CR2E083 (11/05)
4. FEI Number 65-1032280	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent	
VALDES-FAULI CORPORATE SERVICES, INC. ATTN: MARTIN R. PRESS 500 E. BROWARD BLVD., STE. 1400 FORT LAUDERDALE, FL 33394	

7. Name and Address of New Registered Agent	
Name GY Corporate Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 500 E. Broward Blvd. Suite 1400 City Ft. Lauderdale FL Zip Code 33394	
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 3/8/06
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) Martin R. Press, Esq., Vice President	
Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHOOSTER, DANIEL H 2900 W. SAMPLE ROAD POMPANO BEACH, FL 33073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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, MANAGER, OR AUTHORIZED REPRESENTATIVE Daniel H. Shooster, Manager	Date 2/27/06 (954) 979-4555 Daytime Phone #