

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90054 028 ****50.00

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1. Entity Name

ANNTHOMAS I ASSOCIATES, LLC



Principal Place of Business

7952 EXETER BLVD. WEST
TAMARAC FL 33321

Mailing Address

C/O A. CIGNO
#7MACBETH DR
OLD BRIDGE NJ 08857



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

Miami FL.

City & State

4. FEI Number

65-1009441

Applied For

Not Applicable

Zip

33138

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~ANTOINETTE~~
CIGNO, ANTOINETTE
7952 EXETER BLVD. WEST
TAMARAC FL 33321

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1301 - N.E. 100 ST.

City

Miami

FL

Zip Code

33138

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

Antoinette Cigno

Antoinette Cigno

March 16, 2006

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

(NOTE: Registered Agent Signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME CIGNO, ANTOINETTE
STREET ADDRESS #7 MACBETH DR
CITY-ST-ZIP OLD BRIDGE NJ 08857

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Antoinette Cigno

March 16, 2006

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

Date

Daytime Phone #