


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000006561	
1. Entity Name LYCO FINANCIAL, L.L.C.	

Principal Place of Business 8887 MAJORCA BAY DRIVE LAKE WORTH, FL 33467	Mailing Address 8887 MAJORCA BAY DRIVE LAKE WORTH, FL 33467
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DO NOT WRITE IN THIS SPACE



03272006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 65-1018608	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

COLE, ROBERT L  
8887 MAJORCA BAY DRIVE  
LAKE WORTH, FL 33467

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLE, ROBERT L 8887 MAJORCA BAY DRIVE LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLE, SUZANNE C 8887 MAJORCA BAY DRIVE LAKE WORTH, FL 33467
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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: Robert L. Cole 4/10/06 361-304-0951

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

Date Daytime Phone #