

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90058 016 ****50.00

DOCUMENT # L00000009361

1. Entity Name
FIRST USA LTD. CO.



Principal Place of Business
18090 COLLINS AVE., #104
SUNNY ISLES BEACH, FL 33160

Mailing Address
18090 COLLINS AVE., #104
SUNNY ISLES BEACH, FL 33160

20031875



2. Principal Place of Business
1835 E. Hallandale Blvd. 3. Mailing Address
1835 E. Hallandale Blvd.

Suite, Apt. #, etc.
S20

Suite, Apt. #, etc.
S20

04012006 Chg-LLC CR2E083 (11/05)

City & State
Hallandale Beach

City & State
Hallandale Beach

4. FEI Number
65-1106208

Applied For
 Not Applicable

Zip **33009** Country **USA**

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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VEIT, FRANK
18090 COLLINS AVE., #104
SUNNY ISLES BEACH, FL 33160

Name **VEIT, Frank**

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

1835 E. Hallandale Blvd. # 520

City **Hallandale Beach FL** Zip Code **33009**

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 **Frank VEIT, MGR** (NOTE: Registered Agent signature required when reinstating)

DATE **4/15/05**

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 **MGR** Delete
 NAME **VEIT, FRANK**
 STREET ADDRESS **18090 COLLINS AVE., #104**
 CITY-ST-ZIP **SUNNY ISLES BEACH, FL 33160**

TITLE **MGR** Change Addition
 NAME **VEIT, FRANK**
 STREET ADDRESS **1835 E. HALLANDALE BLVD. # 520**
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **HALLANDALE BEACH** Change Addition
 NAME
 STREET ADDRESS **FL 33009**
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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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 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: **FRANK VEIT, MGR.**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/15/06
 Date

305-444-6700
 Daytime Phone #