


, 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

***DOCUMENT # L01000004286**

1. Entity Name
 1290 GULF BLVD., #1806, L.L.C.



Principal Place of Business 880 MANDALAY AVE N1012 CLEARWATER, FL 33767	Mailing Address 880 MANDALAY AVE N1012 CLEARWATER, FL 33767
--	--



04102008 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3707186	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WHITE, RONALD C ESQUIRE
 5348 FIRST AVE. NORTH
 SAINT PETERSBURG, FL 33710

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

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

U00000505394
 04/26/06-80115-005 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WANDERING, CRANE FLD 880 MANDALAY AVE, # N1012 CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAJO, FLP 880 MANDALAY AVE, # N1012 CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RANDALL, JOHN C 880 MANDALAY AVE, # N1012 CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: John C. Randall 4/10/06 (727)458-5783
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE