


**, 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.	
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Principal Place of Business 880 MANDALAY AVE N1012 CLEARWATER, FL 33767	Mailing Address 880 MANDALAY AVE N1012 CLEARWATER, FL 33767
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04102008 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3707186	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent WHITE, RONALD C ESQUIRE 5348 FIRST AVE. NORTH SAINT PETERSBURG, FL 33710

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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 registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

000000505394
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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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