


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

03-10-2006 90129 039 \*\*\*\*\*50.00

<b>DOCUMENT # L01000008817</b> 1. Entity Name <b>MICHAEL SCOTT HAYWORTH, L.L.C.</b>					
Principal Place of Business <b>202 N. HARBOR CITY BLVD., STE. 300 MELBOURNE, FL 32935</b>			Mailing Address <b>202 N. HARBOR CITY BLVD., STE. 300 MELBOURNE, FL 32935</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-3722682</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>HAYWORTH &amp; CHANEY, P.A. 202 N. HARBOR CITY BLVD., STE. 300 MELBOURNE, FL 32935</b>				7. Name and Address of New Registered Agent Name <b>Hayworth, Chaney &amp; Thomas PA</b> Street Address (P.O. Box Number is Not Acceptable) <b>202 N. Harbor City Blvd #300</b> City <b>Melbourne</b>	
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.				FL Zip Code <b>32935</b>	
SIGNATURE <i>Michael S Hayworth</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <b>3/7/06</b>	
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAYWORTH, MICHAEL S 202 NORTH HARBOR CITY BLVD., STE 300 MELBOURNE, FL 32935			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Michael S Hayworth</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <b>3/7/06</b> Daytime Phone # <b>(321) 253-3300</b>	