


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 27, 2006 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L01000010738</b> 1. Entity Name ARCHIVES INTERNATIONAL LLC	
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Principal Place of Business 1601 HILL AVE C WEST PALM BEACH, FL 33407	Mailing Address P.O BOX 212247 ROYAL PALM BEACH, FL 33421-2247
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<b>DO NOT WRITE IN THIS SPACE</b>
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01222006No Chg-LLC CR2E083 (11/05)

4. FEI Number 65-1118316	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  BARRA, RICHARD K 4400 PGA BLVD SUITE 800 PALM BEACH GARDENS, FL 33410
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable


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

1100000404092  
02/06/06-80033-005 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAXON ARCHIVE CENTERS, INC. 12767 PINEACRE LANE WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COASTAL REALTY & MGMT. INC. P.O BOX 1607 LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARLENE'S CREATIONS, INC. P.O BOX 1607 LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:**  **STEVEN GAFFNEY MEMBER 1/27/2006**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #