


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 17, 2006 08:00 AM
Secretary of State**

DOCUMENT # L01000013221		
1. Entity Name FAT KATZ PUB, LLC		
Principal Place of Business 125 S INDIANA AVE ENGLEWOOD, FL 34223	Mailing Address 4510 WYNKOOP CIRCLE PORT CHARLOTTE, FL 33948	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LEWICKI, PAUL E 125 SOUTH INDIANA AVE. ENGLEWOOD, FL 34223		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEWICKI, PAUL E 4510 WYNKOOP CIRCLE PORT CHARLOTTE, FL 33948	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEWICKI, ANDREA M 4510 WYNKOOP CIRCLE PORT CHARLOTTE, FL 33948	
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: <u><i>Paul E Lewicki</i></u>		Date: <u>4-12-06</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #: <u>941-661-3371</u>



03102006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1127331	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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04/29/06-80213-004 50.00