2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000017565

1. Entity Name

SONITROL OF FT. LAUDERDALE, LLC



FILED Mar 23, 2006 08:00 AM Secretary of State

Principal Place of Business

1770 NW 64 STREET.

SUITE #630 FORT LAUDERDALE, FL 33309

Matting Address

1170 NW 64 STREET

SUITE #630 FORT LAUDERDALE, FL 33309



DO NOT WRITE IN THIS SPACE

03212006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1149800

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

Fee Required

6. Name and Address of Current Registered Agent

PIERCE, ROBERT A 227 SOUTH CALHOUN ST. TALLAHASSEE, FL 32301

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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, typed or printed name of registered agent and trile if applicable.

(NOTE. Registered Agent signature required when reinstating)

DATE

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

H00000478447 04/08/06-80006-007 50.00

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	9.	MANAGING MEMBERS/MANAGERS	
	TITLE NAME SIREET ADDRESS CATY-ST-ZIP	MGRM SMITH, DOUG 1136 THOMASVILLE ROAD TALLAHASSEE, FL 32303	
	Title Name Street address City-St-Zip	P RAY, JOHN 1770 NW 64TH ST, SUITE 630 FORT LAUDERDALE, FL 33309	
	TITLE NAME STREET ADDRESS GITY-ST-ZIP		
	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	TITLE NAME STREET ADDRESS GTY-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 it made under oath; that I am a managing member or manager of the limited Nability company or the receiver or trustee impowered to execute this report as required by Chapter 608. Florida Statutes.

SIGNATURE:

D OR PRINTED NAME OF SKINSTURE A

SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE