2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2006
Secretary of State

DOCUMENT# L01000021156

Entity Name: TOOLRAMA, LLC

Current Principal Place of Business:

3500 N.W. BOCA RATON BLVD., STE. 501
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

3500 N.W. BOCA RATON BLVD., STE. 504
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 03-0378616 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, KEM E. ASST
3500 NW BOCA RATON BLVD
STE. 504
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	ZAKAK, TAWFIK	
Address:	3500 N.W. BOCA RATON BLVD., STE. 504	
City-St-Zip:	BOCA RATON, FL 33431	
Title:	MGRM	( ) Delete
Name:	KOTZIG, IVAN	
Address:	3500 NW BOCA RATON BLVD, STE 504	
City-St-Zip:	BOCA RATON, FL 33431	
Title:	MGRM	( ) Delete
Name:	KOTLAR, ANTONIO	
Address:	3500 NW BOCA RATON BLVD, STE 504	
City-St-Zip:	BOCA RATON, FL 33431	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TAWFIK ZAKAK MGRM 02/28/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date