


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90045 028 \*\*\*\*50.00

<b>DOCUMENT # L02000000409</b>	
1. Entity Name MULTICORP, LLC	

Principal Place of Business <del>12065 HYLAND CIR</del> <del>BOCA RATON, FL 33428</del> 17734 Glenapp Dr. Land O Lakes FL 34638	Mailing Address <del>12065 HYLAND CIR</del> <del>BOCA RATON, FL 33428</del> Same 17734 Glenapp Dr. Land O Lakes FL 34638
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00014110



02102006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 26-0005203	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	
BATTISTONI, ROGER <del>12065 HYLAND CIR</del> <del>BOCA RATON, FL 33428</del>	17734 Glenapp Dr. Land O Lakes FL 34638

**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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BATTISTONI, ROGER 12065 HYLAND CIR BOCA RATON, FL 33428 17734 Glenapp Dr. Land O Lakes FL 34638
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER MGR Battistoni Amanda 17734 Glenapp Dr. Land O Lakes FL 34638
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**DO NOT WRITE  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/14/06 813-792-0424