

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000000914

Entity Name: SOME DAY CAME, LLC

FILED  
Jul 28, 2006  
Secretary of State

## Current Principal Place of Business:

1018 BAY STREET  
DELRAY BEACH, FL 33483

## New Principal Place of Business:

2150 S. OCEAN BLVD  
6B  
DELRAY BEACH, FL 33483

## Current Mailing Address:

1018 BAY STREET  
DELRAY BEACH, FL 33483

## New Mailing Address:

132 A ROYAL CIRCLE  
HONOLULU, HI, FL 96816

FEI Number: 04-3586963      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

MCPHAIL, DEAN  
1018 BAY STREET  
DELRAY BEACH, FL 33483      US

## Name and Address of New Registered Agent:

MCPHAIL, DEAN  
2150 S. OCEAN BLVD.  
6B  
DELRAY BEACH, FL 33483      US

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:

07/28/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM      ( ) Delete  
Name: MCPHAIL, DEAN  
Address: 1018 BAY STREET  
City-St-Zip: DELRAY BEACH, FL 33483

## ADDITIONS/CHANGES:

Title: MGRM      (X) Change      ( ) Addition  
Name: MCPHAIL, DEAN  
Address: 132A ROYAL CIRCLE  
City-St-Zip: HONOLULU, HI 96816

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: DEAN MCPHAIL

MGRM

07/28/2006

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