


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90022 050 \*\*\*\*50.00

<b>DOCUMENT # L02000001357</b>	
1. Entity Name <b>THE HORIZONTAL WAY TO VISIT THE 21ST CENTURY, L.L.C.</b>	

Principal Place of Business <b>550 11TH STREET SUITE 111 MIAMI BEACH, FL 33139</b>	Mailing Address <b>179 BLOOR ST. W. #903 TORONTO ONTARIO M5S1T9 CANADA, XX</b>
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40040401

2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address <b>170 Bloor St. W. 903</b> Suite, Apt. #, etc.
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City & State  City <b>Toronto, Ontario</b>	4. FEI Number <b>04-3600616</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip  Country	Zip <b>M5S 1T9</b>	Country <b>Canada</b>
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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STRATTON, DOUGLAS D 407 LINCOLN ROAD SUITE 2A MIAMI BEACH, FL 33139	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL Zip Code	


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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEREIRA, PAUL 550 11TH STREET MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHEPELL, WARREN EDWARD 170 Bloor St. W., Suite 903 Toronto, ON, M5S 1T9 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **Warren Edward Shepell** **2006/02/24** **(416)961-0023**

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

Date

Daytime Phone #

# ATTACHMENT

STRATTON & FEINSTEIN, P.A.

email: [douglas@strattonfeinstein.com](mailto:douglas@strattonfeinstein.com)

DOUGLAS D. STRATTON, ESQ.  
BRETT FEINSTEIN, ESQ.  
DARRYL C. DUNGAN, ESQ.

Of Counsel:  
SUSAN TIFFANY, ESQ.

407 Lincoln Road, Suite 2A  
Miami Beach, FL 33139  
Telephone (305) 672-7772  
Toll Free (877) 464-7772  
Facsimile (305) 672-1038

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#602000001357

March 29, 2006

Department of State  
Division of Corporations  
P.O. Box 6198  
Tallahassee, Florida 32314

RE: THE HORIZONTAL WAY TO VISIT THE 21<sup>ST</sup> CENTURY, LLC  
MY FILE NO. 05-462

Dear Sirs:

Enclosed please find 2006 Limited Liability Company Annual Report as well as my check for \$50.00 representing the fee for filing same.

Sincerely,



DOUGLAS D. STRATTON, ESQ.

DDS:bjp  
Enclosure