2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000005677

1. Entity Name

EPIC AQUARIUM SERVICE, LLC

Principal Place of Business

Mailing Address

3323 MERIDIAN WAY NORTH

3323 MERIDIAN WAY NORTH

D

DO NOT WRITE IN THIS SPACE

PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL 33410

FILED Jan 12, 2006 08:00 AM Secretary of State



01082006No Chg-LLC

CR2E083 (11/05)

4.	FEI Number	
	03-0414372	

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name	and Address of	Current Reg	istered Agent

TAYLOR, BRIAN 3323 D MERIDIAN WAY NORTH PALM BEACH GARDENS, FL 33410

DO NOT WRITE IN THIS SPACE

	1	:			
8. The above the obligat	named entity submits this statement for the purpose of char ions of registered agent,	nging its registered	office or registered agent, or bo	th, in the State of Florida. I am famil	iar with, and accept
SIGNATURE_	Signsture, typed or printed name of registered epent and title if applicable	WATE Servicered	Agent signature required when reinstating)	QATE	······································
	ogietina, group printe mine or registered again and die il coproduie	(HOTE Negatives)	- Ann situation instance when in necessity)	i100000384847-	
Fi 0:	iling Fee is \$50.00 ue by May 1, 2006			01/17/06-80032-0	02 50.00
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADORESS CITY-ST-ZIP	MGRM TAYLOR, BRIAN D 3323 D MERIDIAN WAY NORTH PALM BEACH GARDENS, FL 33410				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE	
title Name Street address City-ST-ZIP			IN .	THIS SPACE	
TILE					

11. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

D OR PRINTED HAME OF SIGNING MUNICIPAL STREET

ING MUNAPING MEMBER, OR AUTHORIZED REPRESENTATIVE

19/0

561-723-4699

Daytime Phone 4