



**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000009611 1. Entity Name LLOYD ENTERPRISES, LLC	
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Principal Place of Business 18045 S.E. LAUREL LEAF LANE TEQUESTA, FL 33469	Mailing Address 18045 S.E. LAUREL LEAF LANE TEQUESTA, FL 33469
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DO NOT WRITE IN THIS SPACE



07042006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 43-1959119	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

HILLEY, V. DONALD
HILLEY & WYANT-CORTEZ, P.A.
880 US HIGHWAY ONE, SUITE 108
NORTH PALM BEACH, FL 33408

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6. 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 reappointing) DATE _____

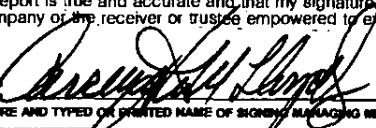
**Filing Fee is \$50.00
Due by September 6, 2006**

B. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LLOYD, CARRINGTON M JR 18045 SE LAUREL LEAF LANE TEQUESTA, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LLOYD, CARRINGTON M III 18045 SE LAUREL LEAF LANE TEQUESTA, FL 33469
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07/10/06-80008-024 50.00

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IN THIS SPACE**

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  CARRINGTON M. Lloyd Jr 7/5/06 561-743-6879

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #