




**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90427 010 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                    |                                 |                                                                                                                                                                                             |                                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L02000012540</b><br>1. Entity Name<br><b>GEORGE'S L.L.C.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                    |                                 |                                                                                                                                                                                             |  |  |
| Principal Place of Business<br><b>79851 OVERSEAS HIGHWAY<br/>ISLAMORADA FL 33036</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                    |                                 | Mailing Address<br><b>PO BOX 1746<br/>ISLAMORADA FL 33036</b>                                                                                                                               |                                                                                   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br><b>Box 1746</b>                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                    |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.<br><b>Box 1746</b>                                                                                                                                |                                                                                   |  |
| City & State<br><b>Islamorada</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                    |                                 | City & State<br><b>Islamorada</b>                                                                                                                                                           |                                                                                   |  |
| Zip<br><b>33036</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                    | Country<br><b>FI</b>            |                                                                                                                                                                                             | 4. FEI Number<br><b>03-0450995</b>                                                |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                    |                                 |                                                                                                                                                                                             | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 6. Name and Address of Current Registered Agent<br><b>MC ELVEEN, GEORGE E<br/>P.O. BOX 1746<br/>ISLAMORADA FL 33036</b>                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                    |                                 | 7. Name and Address of New Registered Agent<br>Name<br><b>180 Lowe St</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>Tavernier</b><br>City <b>FL</b> Zip Code <b>33070</b> |                                                                                   |  |
| 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.<br>SIGNATURE:  DATE: <b>2/13/06</b><br><small>Signature, typed or printed name of registered agent and date is applicable. (NOTE: Registered Agent signature required when returning.)</small> |                                                                                    |                                 |                                                                                                                                                                                             |                                                                                   |  |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                    |                                 |                                                                                                                                                                                             |                                                                                   |  |
| 9. MANAGING MEMBERS / MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                    |                                 | 10. ADDITIONS / CHANGES                                                                                                                                                                     |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>MGRM<br/>MC ELVEEN, GEORGE E<br/>76777 OVERSEAS HWY<br/>ISLAMORADA FL 33036</b> | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                    | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                    | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                    | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                    | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                    | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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 Section 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:  DATE: _____ Daytime Phone: _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                        |                                                                                    |                                 |                                                                                                                                                                                             |                                                                                   |  |



ATTACHMENT  
30002904

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 2, 2006

GEORGE'S L.L.C.  
PO BOX 1746  
ISLAMORADA, FL 33036

Subject: **GEORGE'S L.L.C.**

Reference Number: **L02000012540**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The registered agent must have a **Florida** street address.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CD

ANNUAL REPORTS SECTION