

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90082 011 \*\*\*\*50.00

|  |   |  |  |
|--|---|--|--|
| <b>DOCUMENT # L02000017618</b><br>1. Entity Name<br><b>TRIPLE BUZZ DISTRIBUTORS, L.L.C.</b>  |   |  |  |
| Principal Place of Business<br><b>920 CORAL CLUB DR.<br/>CORAL SPRINGS, FL 33071</b>   |   | Mailing Address<br><b>920 CORAL CLUB DR.<br/>CORAL SPRINGS, FL 33071</b>   |  |
| 2. Principal Place of Business<br><b>940 Coral Ridge Dr.</b><br>Suite, Apt. #, etc.<br><b>Apt. #103</b><br>City & State<br><b>Coral Springs, FL</b><br>Zip<br><b>33071</b>   |   | 3. Mailing Address<br><b>940 Coral Ridge Dr.</b><br>Suite, Apt. #, etc.<br><b>Apt. #103</b><br>City & State<br><b>Coral Springs, FL</b><br>Zip<br><b>33071</b> |  |
| Country<br><b>USA</b>  |   | Country<br><b>USA</b>  |  |
| 4. FEI Number<br><b>20-0000445</b>   |   | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   | <b>\$5.00</b> Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>RICHARD S. PILLINGER, P.A.<br/>3300 UNIVERSITY DR., STE. 901<br/>CORAL SPRINGS, FL 33065</b>   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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<br/>Due by May 1, 2006</b>  |   | <b>Make check payable to<br/>Florida Department of State</b>   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   | <b>10. ADDITIONS/CHANGES</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P</b><br><b>BAYAZI, VERED</b><br><b>920 CORAL CLUB DR.</b><br><b>CORAL SPRINGS, FL 33071</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P</b><br><b>Bayazi, Vered</b><br><b>940 Coral Ridge Drive, Apt. #103</b><br><b>Coral Springs, FL 33071</b> <input checked="" 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  |
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| 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 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. |   |  |  |
| <b>SIGNATURE:</b> <i>Vered Bayazi</i>  |   | Date <b>(954) 234-1451</b>   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |   | Daytime Phone #  |  |

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