2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L02000018524

1. Entity Name
LATITUDE ADJUSTMENT, LLC

Principal Place of Business	Mailing Address
9231 PINE COVE ROAD ENGLEWOOD, FL 34224	9231 PINE COVE ROAD ENGLEWOOD, FL 34224

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FILED
Mar 06, 2006 08:00 AM
Secretary of State

01062006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number		Applied For
NOT APPLICABLE		Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2006

U00000456320
03/16/06-80024-023 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	SAMUELS, STEVEN
STREET ADDRESS	9231 PINE COVE ROAD
CITY-ST-ZIP	ENGLEWOOD, FL 34224
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ STEVEN SAMUELS 3-1-2006 (941) 828-0391

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