2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2006
Secretary of State

DOCUMENT# L02000020291

Entity Name: MAIN DECK IMPORTS, LLC

Current Principal Place of Business:

19153 CRYSTAL ST
WESTIN, FL 33332

New Principal Place of Business:

19153 CRYSTAL ST
WESTON, FL 33332

Current Mailing Address:

PO BOX 267626
WESTON, FL 33326

New Mailing Address:

FEI Number: 04-3707832 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KENNY-RAINUZZO, ANA LAURA
19153 CRYSTAL ST
WESTIN, FL 33332 US

Name and Address of New Registered Agent:

KENNY-RAINUZZO, ANA LAURA
19153 CRYSTAL ST
WESTON, FL 33332 US

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.

SIGNATURE: FABIO RAINUZZO 02/21/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: RAINUZZO, FABIO MARCO
Address: 19153 CRYSTAL ST
City-St-Zip: WESTON, FL 33327

Title: MGRM ( ) Delete
Name: RAINUZZO, ANN LAURA KENN
Address: 19153 CRYSTAL ST
City-St-Zip: WESTIN, FL 33332

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: RAINUZZO, FABIO MARCO
Address: 19153 CRYSTAL ST
City-St-Zip: WESTON, FL 33332

Title: MGRM (X) Change ( ) Addition
Name: KENNY-RAINUZZO, ANA LAURA
Address: 19153 CRYSTAL ST
City-St-Zip: WESTON, FL 33332

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: FABIO RAINUZZO MGRM 02/21/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date