## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000020433

1. Entity Name

FROGMEN COMICS, LLC

Principal Place of Business

220 EAST CENTRAL PARKWAY

SUITE 1020

ALTAMONTE SPRINGS, FL 32701 US

Mailing Address

220 EAST CENTRAL PARKWAY

**SUITE 1020** 

ALTAMONTE SPRINGS, FL 32701

US

FILED Apr 24, 2006 08:00 AN Secretary of State



03062006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 54-2067622 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

DICKS, JACK W 220 EAST CENTRAL PARKWAY SUITE 1020 ALTAMONTE SPRINGS, FL 32701

## DO NOT WRITE IN THIS SPACE

| 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. | 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

| 9.   | MANAGING MEMBERS/MANAGERS   |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | MGRM DICKS, JAMES E 220 EAST CENTRAL PARKWAY ALTAMONTE SPRINGS, FL 32701            |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP          |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | certify that the information supplied with this filling does not quality for the ex |

U00000531483 05/06/06-80038-021 50.00

## DO NOT WRITE 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 eath; 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.

CICNIATUDE