
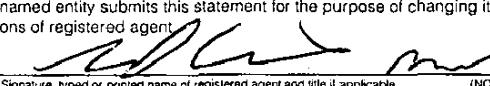
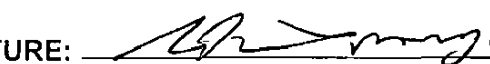


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90353 027 ****50.00

DOCUMENT # L02000023586 1. Entity Name FRED CHIKOVSKY & ASSOCIATES LLC			
Principal Place of Business 20 S. BROAD STREET BROOKSVILLE, FL 34601		Mailing Address 20 S. BROAD STREET BROOKSVILLE, FL 34601	
2. Principal Place of Business 1720 Harrison ST. Suite, Apt. #, etc. Suite 7-A City & State Hollywood FL Zip 33020 Country USA		3. Mailing Address 1720 Harrison ST. Suite, Apt. #, etc. Suite 7-A City & State Hollywood FL Zip 33020 Country USA	
4. FEI Number 51-0430977		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		03072006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent FLORIDA & OFFSHORE BUSINESS FORMATION, INC. 20 S. BROAD STREET BROOKSVILLE, FL 34601		7. Name and Address of New Registered Agent Name Fred Chikovsky Street Address (P.O. Box Number is Not Acceptable) 1720 Harrison ST, Suite 7-A City Hollywood FL Zip Code 33020	
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 2/20/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHIKOVSKY, FRED 20 S. BROAD STREET BROOKSVILLE, FL 34601 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PUD Fred Chikovsky 1720 Harrison ST, Suite 7-A Hollywood, FL 33020 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date 2/20/06 Daytime Phone # 954-920-4438	