

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90028 009 \*\*\*\*55.00

**DOCUMENT # L02000029980**



1. Entity Name  
**PIANO FORCE LLC**

Principal Place of Business  
**14043 85th Road North  
Loxahatchee, FL 33417**

Mailing Address  
**14043 85th Road North  
Loxahatchee, FL 33417**

**20033318**

**(L02000029980C)**

2. Principal Place of Business  
**14043 85TH ROAD NORTH**  
Suite, Apt. #, etc.

3. Mailing Address  
**14043 85TH ROAD NORTH**  
Suite, Apt. #, etc.

04172006 Chg-LLC CR2E083 (11/05)

City & State  
**LOXAHATCHEE FL**

City & State  
**LOXAHATCHEE FL**

4. FEI Number  
**03-0492213**  
Applied For  
Not Applicable

Zip  
**33470**  
Country  
**USA**

Zip  
**33470**  
Country

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

**6. Name and Address of Current Registered Agent**

**FEKETE, BARNABAS  
14043 85TH ROAD NORTH  
LOXAHATCHEE, FL 33470**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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 **BARNABAS FEKETE**

**04/17/06**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-instating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS / MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
FEKETE, BARNABAS  
14043 85TH ROAD NORTH  
LOXAHATCHEE, FL 33470** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
MIROSLAV, PJLARIK PILARIK  
JELSOVA 5,  
83101 BRATISLAVA, SLOVAK REP,** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
THOMAS, ELGER  
AM PFANDERLING 82  
85778 HEIMHAUSEN, GERMANY,** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**10. ADDITIONS / CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
STEFEK, PAVOL  
VILOVA 9  
85102 BRATISLAVA, SLOVAK REP.** ☐ Change ☒ Add

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Add

TITLE  
NAME  
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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, F indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

I further certify that the information I am a managing member or manager of the tes.

**SIGNATURE:**

**BARNABAS FEKETE**

**04/17/06**

**561-827-1916**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #