


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90021 026 \*\*\*\*50.00

<b>DOCUMENT #</b> L03000001497	
1. Entity Name <b>MARK WARDA, LLC</b>	

Principal Place of Business <b>28 WEST PARK AVE</b> <b>LAKE WALES, FL 33853</b> US	Mailing Address <b>PO BOX 185</b> <b>LAKE WALES, FL 33859</b> US
--	--

2. Principal Place of Business <b>24 W. PARK AVE.</b>	3. Mailing Address <b>P O BOX 488</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>LAKE WALES, FL</b>	City & State <b>LAKE WALES, FL</b>
Zip <b>33853</b> Country <b>USA</b>	Zip <b>33859</b> Country <b>USA</b>

6. Name and Address of Current Registered Agent <b>LAND TRUST SERVICE CORPORATION</b> <b>28 WEST PARK AVE</b> <b>LAKE WALES, FL 33853</b>	
--	--

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>LAND TRUST SERVICE CORPORATION</b> <b>28 WEST PARK AVE</b> <b>LAKE WALES, FL 33853</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>GALT INTERNATIONAL, INC</b> <b>24 W. PARK</b> <b>LAKE WALES, FL 33853</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** GALT INTERNATIONAL, INC, MGR 4/24/06 863-678-0011  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #