

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000001818

Entity Name: LAKIC & SONS, LLC

FILED  
Apr 29, 2006  
Secretary of State

**Current Principal Place of Business:**

206 MOORE  
SUITE C  
DAYTONA BEACH SHORES, FL 32118 US

**New Principal Place of Business:**

**Current Mailing Address:**

206 MOORE  
SUITE C  
DAYTONA BEACH SHORES, FL 32118 US

**New Mailing Address:**

FEI Number: 06-1674776      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LAKIC, DANICA  
61 S TURN CIRCLE  
PONCE INLET, FL 32127 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LAKIC, MIROSLAV  
Address: 61 S TURN CIRCLE  
City-St-Zip: PONCE INLET, FL 32127 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Delete  
Name: LAKIC, DANICA  
Address: 61 S TURN CIRCLE  
City-St-Zip: PONCE INLET, FL 32127 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Delete  
Name: LAKIC, MIRO  
Address: 61 S TURN CIRCLE  
City-St-Zip: PONCE INLET, FL 32127 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DANICA LAKIC

MGR

04/29/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date