

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000005425

Entity Name: KANTZIOS FAMILY LLC

FILED
Jan 24, 2006
Secretary of State

Current Principal Place of Business:

2626 VELVENTOS DR
CLEARWATER, FL 33761 US

New Principal Place of Business:

12820 BROCKWAY DRIVE
CLEVELAND, OH 44125 US

Current Mailing Address:

2626 VELVENTOS DR
CLEARWATER, FL 33761 US

New Mailing Address:

12820 BROCKWAY DRIVE
CLEVELAND, OH 44125 US

FEI Number: 30-0150445

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GEORGE G. PAPPAS, P.A.
901 N HERCULES AVE
SUITE C
CLEARWATER, FL 33765 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: KANTZIOS, JIM
Address: 2626 VELVENTOS DR
City-St-Zip: CLEARWATER, FL 33761 US

Title: MGRM () Delete
Name: KANTZIOS, MARIA
Address: 2626 VELVENTOS DR
City-St-Zip: CLEARWATER, FL 33761 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KANTZIOS, JIM
Address: 12820 BROCKWAY DRIVE
City-St-Zip: CLEVELAND, OH 44125 US

Title: MGRM (X) Change () Addition
Name: KANTZIOS, MARIA
Address: 12820 BROCKWAY DRIVE
City-St-Zip: CLEVELAND, OH 44125 US

I hereby certify that the information supplied with this filing does not qualify for the 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: JIM KANTZIOS

MGRM

01/24/2006

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