

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90031 014 \*\*\*\*50.00

<b>DOCUMENT # L03000019262</b>					
<b>1. Entity Name</b> BANACK GENERAL PARTNER, LLC					
<b>Principal Place of Business</b> 2045 14TH AVE. VERO BEACH, FL 32961			<b>Mailing Address</b> P.O. BOX 1266 VERO BEACH, FL 32960		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 03-0545482	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
BANACK, SIDNEY M JR. 2045 14TH AVE. VERO BEACH, FL 32960				Name <u>Sidney M. Banack, Jr.</u> Street Address (P.O. Box Number is Not Acceptable) <u>6125 Atlantic Blvd</u> City <u>Vero Beach</u> <u>FL</u> Zip Code <u>32966</u>	
<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.</b>					
SIGNATURE <u>[Signature]</u> (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>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BANACK, SIDNEY M JR 2045 14TH AVE VERO BEACH, FL 32961	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Sidney M. Banack, Jr. 6125 Atlantic Blvd Vero Beach, FL 32966
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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<b>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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date Daytime Phone #					