


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000020619
 1. Entity Name
 ROYAL TREATMENT, LLC



Principal Place of Business Mailing Address
 5068 NORTH LA SEDONA CIRCLE 5068 NORTH LA SEDONA CIRCLE
 DELRAY BEACH, FL 33484 DELRAY BEACH, FL 33484



02062006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 57-1170983	Applied For Not Applicable
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5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
 1840 SW 22ND ST.
 4TH FLOOR
 MIAMI, FL 33145

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR D'AMICO, DAVID A 5068 NORTH LA SEDONA CIRCLE DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEADE, PETER 8284 HARBOR TOWN PLACE LONE TREE, CO 80124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR D'AMICO, MONIKA 5068 NORTH LA SEDONA CIRCLE DELRAY BEACH, FL 33484
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 03/08/06-80060-001 50.00

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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, 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: D. D'Amico DAVID D'Amico 2/23/06 561-302-895
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #