

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90081 019 \*\*\*\*50.00

20004813



01182006 Chg-LLC CR2E083 (11/05)

<b>DOCUMENT # L03000021397</b>					
1. Entity Name <b>BARONE ENTERPRISES, L.L.C.</b>					
Principal Place of Business 17911 SE FEDERAL HWY. TEQUESTA, FL 33469			Mailing Address PO BOX 3434 TEQUESTA, FL 33469		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-0572096</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GIRVIN, D.R. ESQ OCEANSIDE PROFESSIONAL CENTRE 1080 EAST INDIANTOWN ROAD, STE. 105 JUPITER, FL 33477			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code
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 renouncing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARONE, THOMAS 17911 SE FEDERAL HWY TEQUESTA, FL 33469	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	mGRM BARONE, THOMAS P.O. BOX 3434 TEQUESTA, FL 33469	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	mGRM Barone, Thomas 1564 Grande Colliway Jupiter, FL 33458	<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: <u>X</u>			1-29-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

ATTACHMENT 20004813  
FL03000021397



## FILING INSTRUCTIONS

The Original Form is Due By MAY 1, 2006

XX Please sign at the bottom where the "X" appears on page # 1

     Your Wife signs where the 2nd "X" appears on page #     

     There is no tax to pay. Your refund is \$             .

XX Please issue a check for \$ 50.00 to:

     United States Treasury.

     New York State Income Tax.

     NYS Employment Tax.

     New York State Sales Tax.

     New York State Corporation Tax.

     Your Bank.

     Commissioner of Taxation & Finance.

     New York City Department of Finance.

XX FLORIDA DEPARTMENT OF STATE.

     Use EFTPS to Transfer \$              to IRS. Form      Qtr     

XX Mail the Original Form in the Attached Envelope.

     The Copy is for your records.

### Prepared by:

Smolen & Smolen CPA, PC.  
360 Great Neck Road  
Great Neck, New York 11021  
Tel: 516-482-0033  
Fax: 516-773-9858  
Email: hsmolen@smolencpa.com

### NOTES:

Log Onto our Website at: [smolencpa.com](http://smolencpa.com)