

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000023924

1. Entity Name
CANUSEUR ASSOCIATES, LLC



Principal Place of Business
**12860 S. CLEVELAND AVE., UNIT 233
FT. MYERS, FL 33907-3822**

Mailing Address
**117 HIGHLAND ROAD
SOUTHSEA PORTSMOUTH PO4900
ENGLAND, XX**



02252006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
43-2029829

Applied For
☐ Not Applicable

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**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and the 4 applicable.

(NOTE: Registered Agent signature required when consenting)

DATE _____

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

1100000451906
03/11/06 30006-001 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
RAY, NEIL F.I.
12860 S. CLEVELAND AVE., UNIT 233
FT. MYERS, FL 339073822**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
RAY, NEIL F.I.
12860 S. CLEVELAND AVE., UNIT 233
FT. MYERS, FL 339073822**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *NEIL F. RAY* *NEIL F. RAY*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FEB 19 2006 **2392978443**
DATE Daytime Phone #