2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2006
Secretary of State

DOCUMENT# L03000027212

Entity Name: BAGGAGE CLAIM, LLC

Current Principal Place of Business:

20 ELOISE CIRCLE
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

20 ELOISE CIRCLE
ORMOND BEACH, FL 32176

New Mailing Address:

FEI Number: 04-3767709 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARIANETTI, TONY
20 ELOISE CIRCLE
ORMOND BEACH, FL 32176 US

Name and Address of New Registered Agent:

TONY, MARIANETTI
20 ELOISE CIRCLE
ORMOND BEACH, FL 32176 US

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: TONY MARIANETTI 03/07/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MRGM ( ) Delete
Name: TONY, MARIANETTI
Address: 20 ELOISE CIRCLE
City-St-Zip: ORMOND BEACH, FL 32176

Title: MRGM ( ) Delete
Name: PATRICIA, MARIANETTI
Address: 20 ELOISE CIRCLE
City-St-Zip: ORMOND BEACH, FL 32176

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: TONY MARIANETTI MGR 03/07/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date