

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 22, 2006 8:00 am
Secretary of State

04-27-2006 90017 010 ****50.00

DOCUMENT # L03000030608 1. Entity Name ISLAMORADA TAXI LLC					
Principal Place of Business 146 INDIAN AVE TAVERNIER, FL 33070			Mailing Address 146 INDIAN AVE TAVERNIER, FL 33070		
2. Principal Place of Business Islamorada Suite, Apt. #, etc. Apt 2		3. Mailing Address 88900 9/5 HWY. Suite, Apt. #, etc.			
City & State Tavernier Fla.		City & State		4. FEI Number NOT APPLICABLE	
Zip 33070		Country monroe		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WARREN, SMITH APT. 288900 O/S HHIGHWAY TAVERNIER, FL 33070			7. Name and Address of New Registered Agent 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 <u>Warren Smith</u> <i>pres.</i> DATE <u>4/24/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	MGR DELSONNO, DANIEL 146 INDIAN AVE TAVERNIER, FL 33070		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGM. Warren Smith 88900 O/S Hwy Apt 2 Tavernier Fla. 33070	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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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: <u>Warren Smith</u> <i>pres.</i> DATE <u>4/24/06</u> 664-4900 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					



ATTACHMENT

30668776

Copy Both
Pages & Mail

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 4, 2006

ISLAMORADA TAXI LLC
88900 O/S HWY
TAVERNIER, FL 33070

Subject: ISLAMORADA TAXI LLC

Reference Number:

L03000030608

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE

ANNUAL REPORTS SECTION