

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 02, 2006 8:00 am**  
**Secretary of State**

03-02-2006 90136 025 \*\*\*\*50.00

<b>DOCUMENT # L03000031483</b>					
<b>1. Entity Name</b> <b>BALI HI IMPORTS L.L.C.</b>					
<b>Principal Place of Business</b> 5480 NORTH OCEAN DRIVE, PHA-B RIVIERA BEACH, FL 33404			<b>Mailing Address</b> 5480 NORTH OCEAN DRIVE, PHA-B RIVIERA BEACH, FL 33404		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 80-0096776	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
<b>LETAINGER, RICHARD</b> 5480 NORTH OCEAN DRIVE PENTHOUSE A-B RIVIERA BEACH, FL 33404			Name <b>LETSINGER, Richard</b> Street Address (P.O. Box Number is Not Acceptable) <b>5480 N. OCEAN DR</b> <b>Penthouse A-B</b> City <b>Riviera Beach</b> <b>FL</b> Zip Code <b>33404</b>		
<b>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.</b>					
SIGNATURE <u>Richard P. Letsinger</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>			DATE <u>2/28/06</u> <small>(NOTE: Registered Agent signature required when re-registering)</small>		
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUNFORD, EDWIN LEE 2805 VERONICA DRIVE #105 PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LETSINGER, RICHARD 5480 NORTH OCEAN DRIVE, PHA-B RIVIERA BEACH, FL 33404	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>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.</b>			<b>SIGNATURE:</b> <u>Richard P. Letsinger</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		
Date <u>2/28/06</u>			Daytime Phone # <u>561-848-8012</u>		