

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000033608

**FILED**  
**Apr 15, 2006**  
**Secretary of State**

**Entity Name:** WINGS N' WHISKERS, L.L.C.

**Current Principal Place of Business:**

4333 CINDY RD  
LAKELAND, FL 33810

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 92894  
LAKELAND, FL 33804

**New Mailing Address:**

**FEI Number:** 20-0173369

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

JENSEN, PAUL C  
2001 16TH STREET N  
SAINT PETERSBURG, FL 33704 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ROBERTS, EDWARD  
Address: 4333 CINDY RD  
City-St-Zip: LAKELAND, FL 33810

**ADDITIONS/CHANGES:**

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:** EDWARD ROBERTS

MGR

04/15/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date