

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000034397

Entity Name: CYS DISTRIBUTING, LLC

FILED
Feb 28, 2006
Secretary of State

Current Principal Place of Business:

8000 N FEDERAL HIGHWAY
220
BOCA RATON, FL 33487

New Principal Place of Business:

220 CONGRESS PARK DRIVE
100
DELRAY BEACH, FL 33445

Current Mailing Address:

220 CONGRESS PARK DRIVE
SUITE 100
DELRAY BEACH, FL 33445

New Mailing Address:

FEI Number: 65-1202718 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FITZHENRY, DONALD
425 NW 18TH STREET
DELRAY BEACH, FL 33444 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: MGR () Delete
Name: FITZHENRY, DONALD
Address: 425 NW 18TH STREET
City-St-Zip: DELRAY BEACH, FL 33444

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR () Change (X) Addition
Name: VECCIA, BRIAN
Address: 220 CONGRESS PARK DRIVE, SUITE 100
City-St-Zip: DELRAY BEACH, FL 33445

Title: MGR () Change (X) Addition
Name: VECCIA, JOSEPH
Address: 220 CONGRESS PARK DRIVE, SUITE 100
City-St-Zip: DELRAY BEACH, FL 33445

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: DONALD M. FITZHENRY

MGR

02/28/2006

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