


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000034777 1. Entity Name ACTICARB TAILORED PRODUCTS, LLC	
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Principal Place of Business 551 NORTH US HIGHWAY 41 DUNNELLON, FL 34432	Mailing Address 551 NORTH US HIGHWAY 41 DUNNELLON, FL 34432
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DO NOT WRITE IN THIS SPACE



01162006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 57-1186338	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**PATTERSON, BOND & LATWHAW, P.A.
3010 SOUTH THIRD ST.
JACKSONVILLE BECH. FL 32250**

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
(Signature of Registered Agent required when registered agent is changed)

**Filing Fee is \$50.00
Due by May 1, 2006**

000000502464
04/25/06-80106-008 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM MAZYCK, DAVID W 551 N US HWY 41 DUNNELLON, FL 34432
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IN THIS SPACE**

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DATE

1/16/06