


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2006 8:00 am
Secretary of State

01-10-2006 90040 016 ****50.00

| | |
|---------------------------------------|---|
| DOCUMENT # L03000038349 |  |
| 1. Entity Name REMORCA, LLC | |

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|---|---|
| Principal Place of Business 722 EASY LAKE ROAD TARPON SPRINGS, FL 34689 | Mailing Address 722 EASY LAKE ROAD TARPON SPRINGS, FL 34689 |
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| 2. Principal Place of Business 722 EAST LAKE ROAD Suite, Apt. #, etc. | 3. Mailing Address 722 EAST LAKE ROAD Suite, Apt. #, etc. |
|--|--|

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|---|---|
| City & State TARPON SPRINGS, FL | City & State TARPON SPRINGS, FL |
| Zip 34689 | Zip 34689 |
| Country PINELLAS | Country PINELLAS |

01062006 Chg-LLC CR2E083 (11/05)

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|------------------------------------|--|
| 4. FEI Number 02-0708693 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|---------------------------------------|

| | |
|--|---|
| 6. Name and Address of Current Registered Agent REMORCA, SYLVESTER 722 EAST LAKE ROAD TARPON SPRINGS, FL 34689 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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 | P REMORCA, SYLVESTER 722 EAST LAKE ROAD TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T REMORCA, CAROLINA 1594 GREENLEAFF COURT TOMS RIVER, NJ 08753 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S TIOSECO, CRISTINA 2075 RAINBOW DRIVE CLEARWATER, FL 33765 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Sylvester Remorca **1-7-06** **(732) 505-9713**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #