2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE

## Mar 23, 2006 8:00 am **Secretary of State** DOCUMENT # L03000039262 1. Entity Name 02-20-2006 90144 026 \*\*\*\*50.00 2436 EAST LAS OLAS BLVD. STORES, LLC Principal Place of Business Mailing Address 2 MATTOON RD. WATERBURY CT 06722 P.O. BOX 1910 WATERBURY CT 06722 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) Applied For City & State City & State 4. FEI Number 59-2357182 Not Applicable Zio Country Ζiρ Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VITALE, TERRY Street Address (P.O. Box Number is Not Acceptable) 340 SUNSET DRIVE #1002 FT. LAUDERDALE FL 33301 City Zip Code 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 Sprinkure, typerd or one tend name of registerent agent, and title it applicable. (NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Oue By May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10 ITTLE MGR Delete TITLE ☐ Change ☐ Addition NAME DEVINO, KENNETH M MAME STREET ADDRESS 33 NORTH FORTY ROAD STREET ADDRESS CITY - ST-ZIP WOODBURY CT 06798-2619 CITY-S1-21P TITLE ☐ Delete TITLE MGR ☐ Change ☐ Addition NAME VITALE, TERRY NAME STREET ADDRESS STREET ADDRESS 340 SUNSET DRIVE, #1002 CITY-SI-ZIP FT. LAUDERDALE FL 33301 CITY-ST-ZIP TITLE TIME ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete DDE ☐ Channe ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - 51 - 24P TILE Detete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE Delete □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Soction 119, Florida Statutes. I further certify that the information indicated on this report is trie and accordate and that my signature shall have the same legal effect as if made under eath; that I am a managing member or manager of the limited liability company or transception trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

9/06 303 7545282

FILED

ED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 22, 2006

2436 EAST LAS OLAS BLVD. STORES, LLC P.O. BOX 1910 WATERBURY, CT 06722

Subject: 2436 EAST LAS OLAS BLVD. STORES, LLC

Reference Number:

L03000039262

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/MH ANNUAL REPORTS SECTION