

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000041235

FILED
Sep 04, 2006
Secretary of State

Entity Name: HERE WE GO AGAIN, LLC

Current Principal Place of Business:

3090 INGLEWOOD TERRACE
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

3090 INGLEWOOD TERRACE
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 90-0121877 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

RAI, CONNIE
3090 INGLEWOOD TERRACE
BOCA RATON, FL 33431 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: RAI, RACHEL L
Address: 3090 INGLEWOOD TERRACE
City-St-Zip: BOCA RATON, FL 33431 US

Title: MGR () Delete
Name: GREEN, IDA MS
Address: 13144 VIA VESTA
City-St-Zip: DELRAY BEACH, FL 33484 US

Title: MGR () Delete
Name: SCHWEBER, SYLVIA MS
Address: 15930 CARROTWOOD CIRCLE
City-St-Zip: DELRAY BEACH, FL 33484 US

ADDITIONS/CHANGES:

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

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

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: RACHEL RAI

MGR

09/04/2006

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