

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90144 047 ****50.00

DOCUMENT # L03000042095

1. Entity Name
POWERLINE LOTS LLC



Principal Place of Business Mailing Address

~~12475 SW 58TH STREET~~ ~~12475 SW 58TH STREET~~
 SW RANCHES, FL 33330 US SW RANCHES, FL 33330 US

2. Principal Place of Business 3. Mailing Address

9720 STIRLING ROAD **9720 STIRLING ROAD**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
110 **110**

City & State City & State

COOPER CITY FL **COOPER CITY FL**

Zip Country Zip Country

33024 **U.S.** **33024** **U.S.**



02012006 Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For

20-0353722 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

SAMUELSON, WALTER T
12475 SW 58TH STREET
SW RANCHES, FL 33330

Name

Street Address (P.O. Box Number is Not Acceptable)
9720 STIRLING ROAD 110

City State Zip Code

COOPER CITY **FL** **33024**

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 **2/11/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	MGRM <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAMUELSON, WALTER T	NAME	
STREET ADDRESS	12475 SW 58TH STREET	STREET ADDRESS	12737 BOUBSTIAN TRAIL
CITY - ST - ZIP	SW RANCHES, FL 33330	CITY - ST - ZIP	DANA, FL 33330
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMUELSON, LUANN M	NAME	
STREET ADDRESS	12475 SW 58TH STREET	STREET ADDRESS	
CITY - ST - ZIP	SW RANCHES, FL 33330	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:  Date **2/11/06** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE