


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000043109 1. Entity Name SISTERS, LLC		
Principal Place of Business 414 PALM DRIVE FLAGLER BEACH, FL 32136 US	Mailing Address 414 PALM DRIVE FLAGLER BEACH, FL 32136 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WORTHINGTON, RENEE C 414 PALM DRIVE FLAGLER BEACH, FL 32136		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WORTHINGTON, RENEE C 414 PALM DRIVE FLAGLER BEACH, FL 32136	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CLEMONS, MARY R 312 NORTH 12TH STREET FLAGLER BEACH, FL 32136	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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 605, Florida Statutes.		
SIGNATURE: <u>Renee Worthington</u> <u>4/26/06</u> <u>439-7665</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		



04122006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0375690	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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05/11/06-80131-020 50.00

**DO NOT WRITE
IN THIS SPACE**