

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 22, 2006 08:00 A**  
**Secretary of State**

**DOCUMENT # L03000044503**

1. Entity Name

MIECZYLAU KUBACKI, LLC



Principal Place of Business

10274 BENT TREE LANE  
JACKSONVILLE, FL 32257

Mailing Address

10274 BENT TREE LANE  
JACKSONVILLE, FL 32257



03202006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-0417556

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FORDHAM, SCOTT B  
1241 S MCDUFF AVE  
JACKSONVILLE, FL 32205

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

000000477619  
04/06/06-80058-013 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	KUBACKI, MIECZYLAU W
STREET ADDRESS	10274 BENT TREE LANE
CITY-ST-ZIP	JACKSONVILLE, FL 32257

TITLE	
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**DO NOT WRITE  
IN THIS SPACE**

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:**

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

**Mar 20/06 904 880 2757**

Date

Daytime Phone #