



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90003 045 ****50.00

DOCUMENT # L03000047195					
1. Entity Name SCOOP LOUNGE LLC					
Principal Place of Business 4142 NORTH 28TH TERRACE HOLLYWOOD, FL 33020 US			Mailing Address 4142 NORTH 28TH TERRACE HOLLYWOOD, FL 33020 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number NOT APPLICABLE	
Country USA		Zip		Country	
6. Name and Address of Current Registered Agent MAWARDI, RALPH 4142 NORTH 28TH TERRACE HOLLYWOOD, FL 33020				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	MGR MAWARDI, RALPH 4142 NORTH 28TH TERRACE HOLLYWOOD, FL 33020	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAWARDI, RALPH 4142 NORTH 28TH TERRACE HOLLYWOOD, FL 33020	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 608, Florida Statutes.					
SIGNATURE: <u>RALPH MAWARDI</u> 1-30-06 954 920-0027					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					