

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000051568

1. Entity Name
XZILR8ING ENTERPRISES, L.L.C.



Principal Place of Business
**913 -- 49TH STREET SOUTH
GULFPORT, FL 33707**

Mailing Address
**5917 SKIMMER PT BLVD. S.
GULFPORT, FL 33707**

DO NOT WRITE IN THIS SPACE



03312006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-0472756

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MALIN, THOMAS R III
5917 SKIMMER PT BLVD. S.
GULFPORT, FL 33707**

**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 re-instating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MALIN, THOMAS R III
STREET ADDRESS	5917 SKIMMER PT BLVD. S.
CITY - ST - ZIP	GULFPORT, FL 33707
TITLE	MGR
NAME	MALIN, L. A
STREET ADDRESS	5917 SKIMMER POINT BLVD. SOUTH
CITY - ST - ZIP	GULFPORT, FL 33707
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

UQU000490303
04/18/06-80050-022 50.00

**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

3-31-06 727-322-1007

Date

Daytime Phone #