


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # L03000056145</b>           |  |
| 1. Entity Name<br>BERNARD MAGGI LTD. CO. |   |

|   |   |
|---|---|
| Principal Place of Business<br>125 SW 34 AVENUE<br>DEERFIELD BEACH, FL 33442 US | Mailing Address<br>125 SW 34 AVENUE<br>DEERFIELD BEACH, FL 33442 US |
|---|---|



01202006No Chg-LLC CR2E083 (11/05)

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|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>88-0519471                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |

|  |
|--|
| <b>6. Name and Address of Current Registered Agent</b>             |
| MAGGI, KATHLEEN D<br>125 SW 34 AVENUE<br>DEERFIELD BEACH, FL 33442 |

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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 \_\_\_\_\_  
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**

| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>MAGGI, BERNARD J I<br>12 SW 34 AVENUE<br>DEERFIELD BEACH, FL 33442 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>MAGGI, KATHLEEN D<br>125 SW 34 AVENUE<br>DEERFIELD BEACH, FL 33442 |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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11/26/06 80024-018 50.00

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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:** *Kathleen D. Maggi* Kathleen D. Maggi **1-20-06** 954-429-8601  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #