

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90174 002 ***150.00

20005399



01162006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

02-0714279

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

**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**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME HILLIER, ANDREW J
STREET ADDRESS 1263 EAST LAS OLAS BLVD., SUITE #203
CITY-ST-ZIP FT. LAUDERDALE, FL 33301

TITLE MGR
NAME JACKSON, JACQUELINE A
STREET ADDRESS 1263 EAST LAS OLAS BLVD., SUITE #203
CITY-ST-ZIP FT. LAUDERDALE, FL 33301

TITLE S
NAME HILLIER, ANDREW J
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TITLE T
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TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Andrew Hillier

Date

1/23/06

Daytime Phone #

954-763-3810