

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000003682

FILED  
Jul 11, 2006  
Secretary of State

Entity Name: CHARLES R. ANSAROFF, LLC

**Current Principal Place of Business:**

4479 CONSTANTINE CIR  
GREENACRES, FL 33463

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 541227  
GREENACRES, FL 33454

**New Mailing Address:**

PO BOX 541227  
GREENACRES, FL 33454 US

FEI Number: 06-1659724      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

ANSAROFF, CHARLES R  
4479 CONSTANTINE CIR  
GREENACRES, FL 33463 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ANSAROFF, CHARLES R  
Address: 4479 CONSTANTINE CIR  
City-St-Zip: GREENACRES, FL 33463

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: PARENT-ANSAROFF, BARBARA A  
Address: 4479 CONSTANTINE CIRCLE  
City-St-Zip: GREENACRES, FL 33463 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BARBARA ANN PARENT-ANSAROFF

MGR

07/11/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date