

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90067 008 \*\*\*\*50.00

**DOCUMENT # L04000004468**

1. Entity Name  
PLACEMAKERS, L.L.C.



Principal Place of Business  
1253 WASHINGTON AVE.  
SUITE 222  
MIAMI BEACH, FL 33139 US

Mailing Address  
1253 WASHINGTON AVE.  
SUITE 222  
MIAMI BEACH, FL 33139 US

**DO NOT WRITE IN THIS SPACE**



02212006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
04-3769913

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MOUZON, STEPHEN A  
1253 WASHINGTON AVE.  
SUITE 222  
MIAMI BEACH, FL 33139

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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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOUZON, STEPHEN A 1253 WASHINGTON AVE. , SUITE 222 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NORRIS, NATHAN R 1253 WASHINGTON AVE. , SUITE 222 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HENDERSON, SUSAN M 1031 LOS PADRES PLACE ALBUQUERQUE, NM 87123 Add:
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <del>GREENE, FRANK O</del> Hazel M. Bory <del>4714 FLORIDA AVENUE</del> 7527 Camden Harbour <del>CHATTANOOGA, TN 37409</del> Brandon, FL 34212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <del>DAIGLE, ANN B</del> Howard Blackson <del>CARRIAGE WAY, 1206 OPENWOOD STREET</del> 2425 29th St. <del>VICKSBURG, MS 39183</del> San Diego, CA 92104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOYON, SCOTT 516 WEST COLLEGE AVENUE DECATUR, GA 30030

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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:** \_\_\_\_\_