

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 09, 2006 8:00 am**  
**Secretary of State**

01-09-2006 90051 030 \*\*\*\*50.00

<b>DOCUMENT # L04000008645</b>					
<b>1. Entity Name</b> MISS ELAINEOUS/ELAINE SUBER LLC					
<b>Principal Place of Business</b> 614 TRUETT DRIVE TALLAHASSEE, FL 32303			<b>Mailing Address</b> 614 TRUETT DRIVE TALLAHASSEE, FL 32303		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01042006    Chg-LLC    CR2E083 (11/05)	
<b>4. FEI Number</b> 86-1095185				Applied For Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  SUBER, ELAINE C 1150 E TENNESSEE ST TALLAHASSEE, FL 32303			<b>7. Name and Address of New Registered Agent</b> Name: <u>Suber Elaine C.</u> Street Address (P.O. Box Number is Not Acceptable): <u>614 Truett Drive</u> City: <u>Tallahassee</u> <b>FL</b> Zip Code: <u>32303</u>		
<b>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.</b> SIGNATURE: <u>Elaine C. Suber</u> DATE: <u>1-6-06</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	YGRM SUBER, ELAINE C 614 TRUETT DR TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete			
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<b>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.</b>			SIGNATURE: <u>Elaine C. Suber</u> Date: <u>1-6-06</u> Daytime Phone #: <u>850-443-1055</u>		