FILED
Mar 22, 2006 8:00 am
Secretary of State
03-22-2006 90285 008 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000010183

1. Entity Name
GRIMALDI & SONS L.L.C.

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Principal Place of Business	Mailing Address
3930 CRYSTAL LAKE DR. #116 POMPANO BEACH, FL 33064	3930 CRYSTAL LAKE DR. #116 POMPANO BEACH, FL 33064

2. Principal Place of Business: 3226 NE 12 ST	3. Mailing Address: 3226 NE 12 ST
Suite, Apt. #, etc.: # 8	Suite, Apt #, etc.: # 8
City & State: POMPANO BCH FL	City & State: POMPANO BCH FL
Zip: 33062 Country: BROWARD	Zip: 33062 Country: BROWARD

03172006 Chg-LLC CR2E083 (11/05)

4. FEI Number: 03-0534391 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GRIMALDI, MICHAEL K
3930 CRYSTAL LAKE DR. #116
POMPANO BEACH, FL 33064

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRIMALDI, MICHAEL K 3930 CRYSTAL LAKE DR. #116 POMPANO BEACH, FL 33064	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] 3-17-06 954-309-6791
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #
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