## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000018133

City-St-Zip:

TALLAHASSEE, FL 32309

Entity Name: RALPH HABEN AND ASSOCIATES LLC

FILED Jul 03, 2006 Secretary of State

| Current P                                   | rincipal Place of Business:   | New Principal Pl                            | New Principal Place of Business:           |  |
|---|---|---|--|--|
|   | ON CIRCLE<br>SSEE, FL 32309   |   |  |  |
| Current Mailing Address:                    |   | New Mailing Add                             | New Mailing Address:                       |  |
|   | ON CIRCLE<br>SSEE, FL 32309   |   |  |  |
|   | : 20-0823119 FEI Number Applied For<br>ce with s. 607.193(2)(b), F.S., the limited liab |   |  |  |
| Name and                                    | I Address of Current Registered Ag  | ent: Name and Addre                         | ss of New Registered Agent:                |  |
| TALLAHAS                                    | ON CIRCLE<br>SSEE, FL 32309 US  | for the nurnose of changing its regis       | tered office or registered agent, or both, |  |
|   | e of Florida.   | or the purpose of orlanging he regio        | nered office of registered agent, or both  |  |
| SIGNATUI                                    | RE:   |   |  |  |
| Electronic Signature of Registered Agent    |   | red Agent                                   | Date                                       |  |
| MANAGING MEMBERS/MANAGERS:                  |   | ADDITIONS/CHANGE                            | ADDITIONS/CHANGES:                         |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | MGRM ( ) Delete<br>HABEN, RALPH<br>2906 TYRON CIRCLE<br>TALLAHASSEE, FL 32309           | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                      |  |
| Title:<br>Name:<br>Address:                 | MGRM ( ) Delete<br>HABEN, MICHELLE<br>2906 TYRON CIRCLE                                 | Title:<br>Name:<br>Address:                 | ( ) Change ( ) Addition                    |  |

City-St-Zip:

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: MICHELLE HABEN **MGRM** 07/03/2006