

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000019986

FILED  
Sep 04, 2006  
Secretary of State

**Entity Name:** RADIUS ENTERPRISES, L.L.C.

**Current Principal Place of Business:**

348 WIMBLEDON LANE  
NAPLES, FL 34104 US

**New Principal Place of Business:**

**Current Mailing Address:**

348 WIMBLEDON LANE  
NAPLES, FL 34104 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **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:**

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

JULIE, MANGINI  
348 WIMBLEDON LANE  
NAPLES, FL 34104 US

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:**

**ADDITIONS/CHANGES:**

Title: PRES ( ) Delete  
Name: HOPKINS-MANGINI, JANIS R  
Address: 348 WIMBLEDON LANE  
City-St-Zip: NAPLES, FL 34104 US

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

Title: VP ( ) Delete  
Name: MANGINI, JULIE  
Address: 348 WIMBLEDON LANE  
City-St-Zip: NAPLES, FL 34104 FL

Title: VP (X) Change ( ) Addition  
Name: MANGINI, JULIE  
Address: 348 WIMBLEDON LANE  
City-St-Zip: NAPLES, FL 34104 FL

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: JANIS R HOPKINS-MANGINI

PRES

09/04/2006

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