## FILED Jan 30, 2006 8:00 am Secretary of State

## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

						01-30-2006 9	0153 007 ****50	.00
DOCUMENT # L04000030334								
1. Entity Name								
SALÓNI	LABREA, LLC		1 (3					
1			1					
					ļ			
Principal Place of Business Mailing Address								
3518 COMMUNITY DRIVE 3518 COMMUNITY DRIVI				į	1			
JUPITER, FL 33458 US JUPITER, FL 33458 L								
					A LALBILLE II		<b>                                    </b>	
2. Principal F	Place of Business	3. Mailing Address						
1419	CADES BAY AVE	1779 CADE	1 Ba.	. Avé	; ; <b>           </b>  -	ri naiti birti butit zutit naiti		rogi ili i <b>ji</b> ji
Suite, Apt		Suite, Apt. #, etc.	7-10-1		01202006	Ch- 11 C	OD35002 (44/06)	
				i	01202000	Chg-LLC	CR2E083 (11/05)	
City & Sta		City & State	<i>-</i>		4. FEI Numb			plied For
Jup.		Jup.Tex	- re		52-244	11861		t Applicable
Zip '	- 6 Sountry A	Zip	Sountry	R.	5. Certificate	of Status Desired	55.00 Add	
334	6. Name and Address of Current i	Begistered Acons	Fo Con	126 L	7 Name	d Address of New Ri	Fee Require	<u> </u>
<del></del>	o. Name and Address of Current	r, mame and	Address of New Ki	sgiaterou Agent				
DELISI, M	IARTIN V			Vame				
A361 NORTHLAKE RI VD Street Address (F					P.O. Box Numb	er is Not Acceptable	)	
PALM BEACH GARDENS, FL 33410					FER	13650	_	
			L	<u>ىل</u>	. 72	3406		
				2. 1.	. 1.		FL Zip Cod	
8. The above	e named entity submits this statement for	the purpose of changing it	s registered	office or registers	<i>می ہے</i> ed agent or bo	oth in the State of Flor		
the obtiga	tions of registered agent.	me purpose or changing in	a registered (	ource or redigibles	ad agent, or bu	AND STATE OF FIGH	nua, ramanima With,	and accept
**,.	-							
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NO	TE: Registered Ag	ent signature required	when reinstaling)		DATE	
- 4	4 :							
	iling Feé is \$50.00						check payable to	
į. D	ue by May 1, 2006					Florida	Department of State	3
	AAANACINIC EZELIZE	PS/MANAGERS	40			ADDITIONO	CHANGES	
9.	MANAGING MEMBEI	<del></del>	10.	I		ADDITIONS/		☐ Addition
TITLE NAME	REINEK; LINDA	Delete	NAME				Change	
STREET ADDRESS	3518 COMMUNITY DRIVE		STREET A	DORESS				
CITY-ST-ZIP	JUPITER, FL 33458		CITY-ST-					[
TITLE	MGR ·	☐ Delete	TITLE				[V] Change	Addition
NAME	TRANCHINA, VERONICA J	Delete	NAME			. , , , ,		
STREET ADDRESS	519 N. BROADWAY		STREET A	DORESS 35/	8 Comm	unity Srive	<u>.</u>	
CITY-ST-ZIP	PITMAN, NJ 08071		CITY-ST-	IP JUD	iter F	unity Drive Vorida 334	158	
TITLE	MGR	Delete	TITLE				☐ Change	Addition
NAME	WOODSIDE, KATHY LYNN		NAME					
STREET ADDRESS	205 MOLDOFF ROAD		STREET A	DDRESS				
C1TY-ST-ZIP	GLASSBORO, NJ 08028		CITY-ST-	ZiP				
TITLE		☐ Delete	TITLE				☐ Change	Addition
NAME	l		NAME	į				
STREET ADDRESS			STREET A	i i				
CITY-ST-ZIP		<u></u>	CITY-ST-	ŽIP				
TITLE	<u> </u>	☐ Delete	TITLE				☐ Change	☐ Addition
NAME			NAME	200000				j
STREET ADDRESS			STREET AL	1				}
CITY-ST-ZIP			CITY-ST-	ar .	<del></del>			
TITLE		Delete	TITLE				☐ Change	☐ Addition
NAME			NAME STORET AS	2000				1
STREET ADDRESS CITY-ST-ZIP			STREET AL	ľ				1
	L	N.1- PP 1 22 2			<u> </u>	<u></u>		
11. I hereby of	certify that the information supplied with t	this filing does not qualify fo	r the exempt the same led	ions contained in	n Chapter 119, ade under oath	; that I am a managir	ther certify that the infoi ng member or manage:	mation r of the
indicated	on this report is true and accurate and t	mat my bighature bisan nave						
indicated limited lia	on this report is true and accurate and tability company or the receiver or trustee	empowered to execute this	report as rec	uired by Chapte	er 608, Florida	Statutes.		!
indicated limited lia	on this report is true and accurate and t	empowered to execute this	report as rec	uired by Chapte	er 608, Florida :	Statutes.		
limited lia	on this report is true and accurate and the billity company or the receiver or trustee	empowered to execute this  L Wood	report as rec	quired by Chapte	er 608, Florida :	1/24/06	856-88/-	7459