2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# L04000030697

Entity Name: EXQUISITE MANAGEMENT CO LLC

Current Principal Place of Business:

4507 FURLING LANE
108
DESTIN, FL 32541 US

New Principal Place of Business:

Current Mailing Address:

4507 FURLING LANE
108
DESTIN, FL 32541 US

New Mailing Address:

FEI Number: 20-1014179 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BECKER, LARRY P JR.
4507 FURLING LANE
108
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

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:

Title:	MGRM	( ) Delete
Name:	BECKER, LARRY P JR	
Address:	4507 FURLING LANE, SUITE 108	
City-St-Zip:	DESTIN, FL 32541 US	
Title:	MGR	( ) Delete
Name:	BECKER, LARRY P SR	
Address:	529 OLD HICKORY BLVD	
City-St-Zip:	JACKSON, TN 38305 US	
Title:	MGR	( ) Delete
Name:	BECKER, LOREE A	
Address:	4507 FURLING LANE, SUITE 108	
City-St-Zip:	DESTIN, FL 32541 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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: LARRY P BECKER JR MGRM 04/27/2006

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