


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000033030</b> 1. Entity Name CHRISTOPHER SEIDLE, LLC	
---	---

Principal Place of Business  
4000 NW GOLDENROD RD.  
JENSEN BEACH, FL 34957

Mailing Address  
4000 NW GOLDENROD RD.  
JENSEN BEACH, FL 34957



01272006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
59-5369551

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

SIEDLE, CHRISTOPHER  
4000 NW GOLDENROD RD.  
JENSEN BEACH, FL 34957

**DO NOT WRITE  
IN THIS SPACE**

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**

0000000479270  
04/08/06-80041-007 55.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	SEIDLE, CHRISTOPHER
STREET ADDRESS	4000 NW GOLDENROD RD.
CITY-ST-ZIP	JENSEN BEACH, FL 34957

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/21/06

772 579 3319