
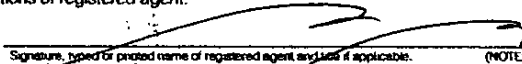
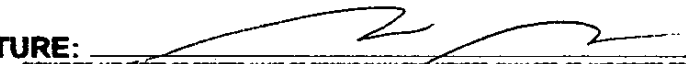


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90018 006 ****50.00

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|--|---|---|--|--|--|
| DOCUMENT # L04000036173 | | | |  | |
| 1. Entity Name SPENDLESS XPENDABLES, LLC | | | | | |
| Principal Place of Business 5740 NE 4TH AVE. MIAMI, FL 33137 | | | Mailing Address 5740 NE 4TH AVE. MIAMI, FL 33137 | | |
| 2. Principal Place of Business 228 NE 54 th St. Suite, Apt. #, etc. Apt. # 7 City & State Miami Zip FL | | 3. Mailing Address 1348 Washington Ave Suite, Apt. #, etc. # 242 City & State Miami Beach Zip FL | | 04272006 Chg-LLC CR2E083 (11/05) | |
| Country 33137 | | Country 33139 | | 4. FEI Number 42-1630581 Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent MCCAULEY, NICOLE C 11424 SW 74TH TERR. MIAMI, FL 33173 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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, or LLC, if applicable. (NOTE: Registered Agent signature required when reinstating) | | | | DATE 4/27/6 | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BONSORTE, GABRIEL A 1348 WASHINGTON AVE. SUITE 242 MIAMI BEACH, FL 33139 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MCCAULEY, NICOLE C 1348 WASHINGTON AVE. SUITE 242 MIAMI BEACH, FL 33139 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM CABRERA, JOUVET M 1650 SW 22 ST. MIAMI, FL 33145 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | DATE 4/27/6 (305) 7578170 City Daytime Phone # | |