

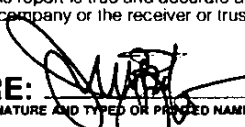


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90037 046 ****50.00

DOCUMENT # L04000038947 1. Entity Name LYNDHURST INTERNATIONAL TRADE SERVICES, LLC					
Principal Place of Business 2706 ALTERNATE 19 NORTH KEY WEST EXECUTIVE CENTER, SUITE 316 PALM HARBOR, FL 34683			Mailing Address 2706 ALTERNATE 19 NORTH KEY WEST EXECUTIVE CENTER, SUITE 316 PALM HARBOR, FL 34683		
2. Principal Place of Business 9624 BROOKDALE DR.		3. Mailing Address 9624 BROOKDALE DR.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State NEW PORT RICHEY, FL		City & State NEW PORT RICHEY, FL			
Zip 34655		Country USA		4. FEI Number 38-3702949	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent ZUPPARDO, JOSEPH R 9624 BROOKDALE DRIVE NEW PORT RICHEY, FL 34655				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
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 ZUPPARDO, JOSEPH R 2706 ALTERNATE 19 NORTH PALM HARBOR, FL 34683 <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
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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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
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: 				4-11-06 727-372-2007	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	