
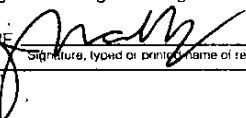



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 03, 2006 8:00 am
Secretary of State

07-03-2006 90094 008 ****50.00

DOCUMENT # L04000043497 1. Entity Name FAITHILLED TOONS, LLC					
Principal Place of Business 2101 S.W. RACQUET CLUB DRIVE PALM CITY FL 34990			Mailing Address 2101 S.W. RACQUET CLUB DRIVE PALM CITY FL 34990		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 20-1227613	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DREYER, WILLIAM B 2101 S.W. RACQUET CLUB DRIVE PALM CITY FL 34990				7. Name and Address of New Registered Agent Name John E. Malley Street Address (P.O. Box Number is Not Acceptable) 511 SW BAY Pointe Circle City Palm City FL Zip Code 34990	
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 6-24-06					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DREYER, WILLIAM B 2101 W.W. RACQUET CLUB DRIVE PALM CITY FL 34990	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MALLEY, JOHN E 511 SW BAY POINT CIRCLE PALM CITY FL 34990	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BASSO, ANTHONY 3882 S.W. INWOOD PINES LANE PALM CITY FL 34990	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<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 Section 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: 				6-24-06 772/298-3338	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	