


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**

03-17-2006 90029 039 \*\*\*\*50.00

<b>DOCUMENT # L04000043918</b> 1. Entity Name METLIN MARKETING COMPANY, LLC			
Principal Place of Business 2393 S. CONGRESS AVENUE 2ND FLOOR WEST PALM BEACH, FL 33406 US		Mailing Address 2393 S. CONGRESS AVENUE 2ND FLOOR WEST PALM BEACH, FL 33406 US	
2. Principal Place of Business 6691 Nob Hill Road Suite, Apt. #, etc.		3. Mailing Address 6691 Nob Hill Road Suite, Apt. #, etc.	
City & State Tamarac, FL		City & State Tamarac, FL	
Zip 33321		Zip 33321	
Country USA		Country USA	
4. FEI Number 20-1528436		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KARLINSKY, FRED - ESQ. 2000 W. COMMERCIAL BLVD. SUITE 232 FORT LAUDERDALE, FL 33309		7. Name and Address of New Registered Agent Name Karlinsky, Fred - Esq. Street Address (P.O. Box Number is Not Acceptable) 100 S.E. 3rd Avenue 23rd Floor City Fort Lauderdale FL Zip Code 33394	
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 MEVORAH, STEVEN - <input checked="" type="checkbox"/> Delete 2393 S. CONGRESS AVENUE, 2ND FLOOR WEST PALM BEACH, FL 33406	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCATURRO, JOSEPH <input type="checkbox"/> Delete 2393 S CONGRESS AVENUE, 2ND FLOOR WEST PALM BEACH, FL 33406	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. Scaturro, Joseph <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6691 Nob Hill Road Tamarac, FL 33321
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
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: <u>Joseph Scaturro</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date: <u>3/7/06</u> Daytime Phone: <u>954-623-6700</u>	