

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000048366

Entity Name: E.T. TARGET MARKETING, LLC

FILED
Mar 03, 2006
Secretary of State

Current Principal Place of Business:

6073 ASHFORD LANE
802
NAPLES, FL 34110

New Principal Place of Business:

5767 PERSIMMON WAY
NAPLES, FL 34110

Current Mailing Address:

6073 ASHFORD LANE
802
NAPLES, FL 34110

New Mailing Address:

5767 PERSIMMON WAY
NAPLES, FL 34110

FEI Number: 20-1302903

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARAH, ERIN S
6073 ASHFORD LANE
802
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

FARAH, ERIN S
5767 PERSIMMON WAY
NAPLES, FL 34110 US

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.

SIGNATURE: ERIN FARAH

03/03/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FARAH, TED L
Address: 6073 ASHFORD LANE #802
City-St-Zip: NAPLES, FL 34110

Title: MGRM () Delete
Name: FARAH, ERIN S
Address: 6073 ASHFORD LANE #802
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FARAH, TED L
Address: 5767 PERSIMMON WAY
City-St-Zip: NAPLES, FL 34110

Title: MGRM (X) Change () Addition
Name: FARAH, ERIN S
Address: 5767 PERSIMMON WAY
City-St-Zip: NAPLES, FL 34110

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ERIN FARAH

MGRM

03/03/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date