# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 26, 2006**
**Secretary of State**

DOCUMENT# L04000049187

**Entity Name:** TURNING HEADZ LLC

**Current Principal Place of Business:**

6866 NW 69TH CT
TAMARAC, FL 33321

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. 9591
FORT LAUDERDALE, FL 33310

**New Mailing Address:**

**FEI Number: 20-1312913** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

GORDON, BRIDGET
6866 NW 69TH CT
TAMARAC, FL 33321 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete
Name: GORDON, BRIDGET
Address: 6866 NW 69TH CT
City-St-Zip: TAMARAC, FL 33321

Title: MGRM ( ) Delete
Name: PALMER, MYLTON J JR
Address: 8101 SW 8TH CT
City-St-Zip: NORTH LAUDERDLALE, FL 33068

Title: MGRM ( ) Delete
Name: BARRETT, ARLEN
Address: 6866 NW 69TH CT
City-St-Zip: TAMARAC, FL 33321

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: ALLEN, MARCIA
Address: 6866 NW 69TH CT
City-St-Zip: TAMARAC, FL 33321

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: BRIDGET GORDON MGRM 04/26/2006

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