

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000055473

FILED
Mar 06, 2006
Secretary of State

Entity Name: L.I.S.T. LLC.

Current Principal Place of Business:

2525 N STATE RD 7
115
HOLLYWOOD, FL 33021 US

New Principal Place of Business:

5647 FLORAL AVE
JACKSONVILLE, FL 32211 US

Current Mailing Address:

2525 N STATE RD 7
115
HOLLYWOOD, FL 33021 US

New Mailing Address:

5647 FLORAL AVE
JACKSONVILLE, FL 32211 US

FEI Number: 42-1639464

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAVI, AMIR
2525 N STATE RD 7
115
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

LAVI, AMIR
525 N SHORE DR
MIAMI BEACH, FL 33141 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: AMIR LAVI

03/06/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LAVI, AMIR
Address: 2525 N STATE RD 7 STE 115
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: MGRM () Delete
Name: LAVI, EREZ
Address: 2525 N. STATE RD., STE. 115
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LAVI, AMIR
Address: 525 NORTH SHORE DRIVE
City-St-Zip: MIAMI BEACH, FL 33141 US

Title: MGRM (X) Change () Addition
Name: LAVI, EREZ
Address: 5647 FLORAL AVE
City-St-Zip: JACKSONVILLE, FL 32211

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: AMIR LAVI

MGRM

03/06/2006

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