

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90024 019 \*\*\*\*50.00

**DOCUMENT # L04000058425**

1. Entity Name  
**FRUITCOVE PROMOTIONS, LLC**



Principal Place of Business  
**1104 BUCKBEACN BRANCH LANE EAST  
JACKSONVILLE, FL 32259**

Mailing Address  
**1104 BUCKBEACN BRANCH LANE EAST  
JACKSONVILLE, FL 32259**

**400000032**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02092006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**20-2392889**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BENSON, GARY A  
2955 HARTLEY ROAD, STE. 101  
JACKSONVILLE, FL 32257**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(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**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGR  
KENNINGTON, BRADLEY K  
1104 BUCKBEACN BRANCH LANE EAST  
JACKSONVILLE, FL 32259**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGR  
WATSON, GARY  
845 BROOKSTONE COURT  
JACKSONVILLE, FL 32259**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGR  
BILSKY, JIM  
813 BROOKSTONE COURT  
JACKSONVILLE, FL 32259**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGR  
SOTO, AARON  
3704 TATUM TRACE  
JACKSONVILLE, FL 32259**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ 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:** *Bradley K. Kennington* **Bradley K. Kennington**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4/24/06**  
Date

**904-581-2822**  
Daytime Phone #