## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Aug 14, 2006 08:00 AN Secretary of State **DOCUMENT # L04000059733** PUPPET'S LLC Principal Place of Business Mailing Address 4445 POST RD. 294 5TH AVE. BROOKLYN, NY 11215 APT. 2F RIVERDALE, NY 10471 07082006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-3796400 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FIELDS, E. LOUIS DO NOT WRITE 3406 TIMBERWOOD CIRCLE NAPLES, FL 34105 IN THIS SPACE 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 (NOTE: Registered Agent aignature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Filing Fee is \$50.00 Due by September 6, 2006 U00000574264 -08/14/06-80007-008 50:00 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE NAME AFFOUMADO, JAIME STREET ADDRESS 4445 POST RD, APT, 2F CITY-ST-ZIP RIVERDALE, NY 10471 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

FILED

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: E JOHN ELLOUIS FIFLIS 8/11/06 239.262.8063