2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000062637

1. Entity Name
LISA BANKERT ENTERPRISES, LLC

Principal Place of Business	Mailing Address
5159 AURORA LAKE CIRCLE LAKE WORTH, FL 33463 US	5159 AURORA LAKE CIRCLE LAKE WORTH, FL 33463 US

04042006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0882767
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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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

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	BANKERT, LISA
STREET ADDRESS	5159 AURORA LAKE CIRCLE
CITY-ST-ZIP	LAKE WORTH, FL 33463
TITLE	MGRM
NAME	BANKERT, CALVIN
STREET ADDRESS	5159 AURORA LAKE CIRCLE
CITY-ST-ZIP	LAKE WORTH, FL 33463
TITLE	MGRM
NAME	BANKERT, RILEY
STREET ADDRESS	5159 AURORA LAKE CIRCLE
CITY-ST-ZIP	LAKE WORTH, FL 33463
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/22/06-80016-002 50.00

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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: Lisa Bankert 04 APRIL 2006 (561) 649 5385
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #