


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000062694 1. Entity Name MAKENIAN LLC	
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Principal Place of Business 2900 NE14 STR SUITE# 904 POMPANO BEACH, FL 33062 US	Mailing Address 2900 NE14 STR CSWY SUITE# 904 POMPANO BEACH, FL 33062 US
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07162006No Chg-LLC

CR2E083 (11/05)

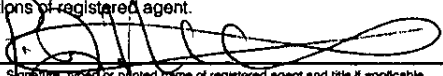
DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1531808	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MAKENIAN, PATRICIA J 2900 NE14 STR CSWY SUITE #904 POMPANO BEACH, FL 33062
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**DO NOT WRITE
IN THIS SPACE**

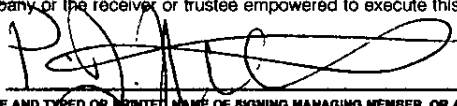
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE: 	PATRICIA J. MAKENIAN (NOTE: Registered Agent signature required when reinstating)	JULY 10, 06 DATE

**Filing Fee is \$50.00
Due by September 8, 2006**

U000000571464
07/20/06-80010-008 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAKENIAN, ARTHUR A MGR 2900 NE14 STR #904 POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAKENIAN, COLETTE J MGRM 2900 NE14 STR #904 POMPANO BEACH, FL 33062
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IN THIS SPACE**

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: 	JULY 10, 06 Date	954 784-7876 Daytime Phone #