

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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|--|--|---------|--|---|--|---|--|
| DOCUMENT # L04000063646 1. Entity Name AQUILA WEISS MANAGEMENT COMPANY, LLC | | | | | | FILED 06 FEB 14 AM 11:30 CLERK OF STATE TALLAHASSEE, FLORIDA | |
| Principal Place of Business 3111 N UNIVERSITY SDR #1000 CORAL SPRINGS, FL 33065 | | | | Mailing Address 3111 N UNIVERSITY SDR #1000 CORAL SPRINGS, FL 33065 | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | | | City & State | | | |
| Zip | | Country | | Zip | | Country | |
| 6. Name and Address of Current Registered Agent LICKSTEIN, FRED K ESQ. 100 S.E. 2ND STREET 17TH FLOOR MIAMI, FL 33131 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | | | |
| 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. | | | | 4. FEI Number 20-1739503 | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | Applied For Not Applicable | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | DATE _____ | | | |
| Filing Fee Is \$50.00 Due by May 1, 2006 | | | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | | | |
| TITLE P <input type="checkbox"/> Delete NAME WEBBER, THOMAS P STREET ADDRESS 3111 N UNIVERSITY DR #1000 CITY-ST-ZIP CORAL SPRINGS, FL 33065 | | | | TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME WEBBER, THOMAS P. STREET ADDRESS CITY-ST-ZIP | | | |
| TITLE V <input type="checkbox"/> Delete NAME PAUL, JORDAN STREET ADDRESS 3111 N UNIVERSITY BLVD #1000 CITY-ST-ZIP CORAL SPRINGS, FL 33065 | | | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 700066257537 STREET ADDRESS 02/21/06--01019--008 **450.00 CITY-ST-ZIP | | | |
| TITLE S <input type="checkbox"/> Delete NAME MARKS, RODNEY STREET ADDRESS 3111 N UNIVERSITY DR #1000 CITY-ST-ZIP CORAL SPRINGS, FL 33065 | | | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | | | |
| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | | | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | | | |
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| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | | | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | | | |
| 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: _____ THOMAS WEBBER 2/1/06 954 340-0120 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> | | | | | | | |