


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

02-24-2006 90245 035 \*\*\*\*50.00

<b>DOCUMENT # L04000063682</b> 1. Entity Name <b>MIKE, LLC</b>					
Principal Place of Business <b>1814 GULF TO BAY BLVD. CLEARWATER, FL 33765</b>			Mailing Address <b>1814 GULF TO BAY BLVD. CLEARWATER, FL 33765</b>		
2. Principal Place of Business <b>308 S. ORION AVE</b> Suite, Apt. #, etc.			3. Mailing Address <b>308 S. ORION AVE</b> Suite, Apt. #, etc.		
City & State <b>CLEARWATER FL</b>		City & State <b>CLEARWATER FL</b>		4. FEI Number <b>20-1566206</b>	
Zip <b>33765</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>DE MARINIS, MICHAEL 1814 GULF TO BAY BLVD. CLEARWATER, FL 33765</b>				7. Name and Address of New Registered Agent Name <b>DE MARINIS, MICHAEL</b> Street Address (P.O. Box Number is Not Acceptable) <b>308 S. ORION AVE</b> City <b>CLEARWATER FL</b> Zip Code <b>33765</b>	
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 <i>[Signature]</i> x <i>[Signature]</i> x <b>2/21/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when filing.)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DE MARINIS, MICHAEL 1814 GULF TO BAY BLVD. CLEARWATER, FL 33765	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DE MARINIS, MARIA 1814 GULF TO BAY BLVD. CLEARWATER, FL 33765	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>[Signature]</i> x <i>[Signature]</i> x <b>2/21/06</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: <b>2/21/06</b> Daytime Phone #: <b>(727) 2496282</b>		

**20010316**



02172006 Chg-LLC CR2E083 (11/05)