

-2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000064324		
1. Entity Name MISO MISO, LLC		

Principal Place of Business 2463 NORTH WALLEN DRIVE PALM BEACH GARDENS FL 33410	Mailing Address 2463 NORTH WALLEN DRIVE PALM BEACH GARDENS FL 33410
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E083 (10/05)

5. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ECKHAUS, JAY E ESQ. 9121 NORTH MILITARY TRAIL 107 PALM BEACH GARDENS FL 33410		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MADRAVAZAKIS, BRIAN 2463 NORTH WALLEN DRIVE PALM BEACH GARDENS FL 33410	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MADRAVAZAKIS, MICHAEL J 2463 NORTH WALLEN DRIVE PALM BEACH GARDENS FL 33410	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Add	
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04/24/06-80028-007 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Brian Madravazakis 4/3/06 561-694-2719