2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000067884

1. Entity Name
FELOPATIR, LLC

Principal Place of Business	Mailing Address
3910 SOUTH DALE MABRY HWY. TAMPA, FL 33611 US	3910 SOUTH DALE MABRY HWY. TAMPA, FL 33611 US

02072006No Chg-LLC CR2E083 (11/05)

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4. FEI Number
87-0732332
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GUIRGUIS, MOHEB A
18933 MAISONS DR.
LUTZ, FL 33558

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GUIRGUIS, MOHEB A
STREET ADDRESS	18933 MAISONS DR.
CITY-ST-ZIP	LUTZ, FL 33558
TITLE	MGRM
NAME	GUIRGUIS, MERAY M
STREET ADDRESS	18933 MAISONS DR.
CITY-ST-ZIP	LUTZ, FL 33558
TITLE	MGRM
NAME	ELZAYAT, EDWARD S
STREET ADDRESS	13804 AZALEA CIRCLE APT. 4G
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	MGRM
NAME	YOUSSEF, HOWAIDA A
STREET ADDRESS	13804 AZALEA CIRCLE APT. 4G
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 2/7/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #