

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000070045

Entity Name: HAPPY ENDINGS ,LLC"

FILED  
May 02, 2006  
Secretary of State

## Current Principal Place of Business:

1028 GREEN PIER BLVD  
SUITE D  
WEST PALM BEACH, FL 33409

## New Principal Place of Business:

1028 GREEN PINE BLVD  
SUITE D  
WEST PALM BEACH, FL 33409

## Current Mailing Address:

3300 NORTH 29TH AVENUE  
SUITE 102 C/O IRA BARAZ  
HOLLYWOOD, FL 33020

## New Mailing Address:

FEI Number: 20-1664416      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

SLACK, RICHARD  
1028 D GREEN PINE BLVD  
WEST PALM, FL 33409      US

## Name and Address of New Registered Agent:

SLACK, RICHARD  
1028 D GREEN PINE BLVD  
WEST PALM BEACH, FL 33409      US

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.

SIGNATURE: RICHARD SLACK

05/02/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR      ( ) Delete  
Name: SLACK, RICHARD  
Address: 1028D GREEN PINE BLVD  
City-St-Zip: WEST PALM BEACH, FL 33409

## ADDITIONS/CHANGES:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RICHARD SLACK

MR.

05/02/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date