

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90016 033 ****50.00



DOCUMENT # L04000070369

1. Entity Name

L.T.S. ENTERPRISES, L.L.C.

Principal Place of Business

1534 SUNKIST WAY
 FT. MYERS FL 33905

Mailing Address

1534 SUNKIST WAY
 FT. MYERS FL 33905



2. Principal Place of Business

HOME

Suite, Apt. #, etc.

3. Mailing Address

1543 SUNKISTWAY

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

FT. MYERS, FLA

City & State

FT. MYERS FLA.

4. FEI Number

32-0128513

Applied For

Not Applicable

Zip

33905

Country

LEE

Zip

33905

Country

LEE

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MCCONNELL, TOM S
 1534 SUNKIST WAY
 FT. MYERS FL 33905

7. Name and Address of New Registered Agent

Name

McCConnell, Tom S.

Street Address (P.O. Box Number is Not Acceptable)

1543 SUNKISTWAY

City

FT. MYERS

FL

Zip Code

33905

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete
MGRM	MCCONNELL, TOM S	1534 SUNKIST WAY	FT. MYERS FL 33905	<input checked="" type="checkbox"/>
MGRM	MCCONNELL, TOM S	1543 SUNKISTWAY	FT. MYERS, FLA. 33905	<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Tom S. McConnell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #