

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000075526 1. Entity Name APRIL MERRY SINNOTT, LLC	
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Principal Place of Business 2326 S. CONGRESS AVE. #2F WEST PALM BEACH, FL 33406	Mailing Address 2326 S. CONGRESS AVE. #2F WEST PALM BEACH, FL 33406
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DO NOT WRITE IN THIS SPACE



04252006No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1873823	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SINNOTT, APRIL MERRY
 2326 S. CONGRESS AVE. #2F
 WEST PALM BEACH, FL 33406

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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 NAME STREET ADDRESS CITY - ST - ZIP	MGRM SINNOTT, APRIL MERRY 2326 S. CONGRESS AVE. #2F WEST PALM BEACH, FL 33406
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 05/19/06-80044-016 50.00

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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 April Merry Sinnott April Merry SINNOTT 5/1/06 (561) 964-9110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #