2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 01, 2006 08:00 AM Secretary of State

| DOCUMENT # L t. Entity Name FELIKS, LLC. | 04000078516 | |
|---|--|---|
| Principal Place of Business 11220 METRO PARKWAY SUITE 3 FORT MYERS, F; 33912 | Malling Address 11220 METRO PARKWAY SUITE 3 FORT MYERS, F; 33912 | s |



DO NOT WRITE IN THIS SPACE

04132006 No Chg-LLC CR2E083 (11/05)

| 4. | FEI Number |
|----|-------------|
| _ | 20-1818231_ |

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
HERITAGE TAX & CONSULTING SERVICES INC
11220 METRO PARKWAY

11220 METRO PARKWAY SUITE #3 FORT MYERS, FL 33912

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| FORT MYERS, FL 33912 | | | W THIS SIMOL | | |
|-------------------------------|--|--------------------|---|---|--|
| | named entity submits this statement for the purpose of chanions of registered agent. | ging Its registere | d affice or registered agent, or both, in the | ne State of Florida. I am familiar with, and accept | |
| SIGNATURE | Signature, typed or printed name of registered agent and title if explicable | (NOTE Regislered | Agent signature required when reinstating) | DATE | |
| Fi D: | iling Fee is \$50.00 ue by May 1, 2006 | | | | |
| 9. | MANAGING MEMBERS/MANAGERS | | | | |
| THLE | MGRM | | | | |
| NAME | NEPOMNYASHCHAYA, ANTONINA | - | | UNRANGS49095 | |
| STREET ADDRESS | 14 ADMIRAUTY GOOP | | 0 5 | U00000549095 7/13/06-80005-021 50.00 | |
| City-St-Zip | STATEN ISLAND, NY 10309 | | | | |
| TITLE | | | | | |
| NAME STREET ADDRESS | | i | | | |
| City-ST-ZIP | | | | | |
| TITLE | <u> </u> | | | | |
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| TITLE NAME | | | | | |
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| C17Y-S7-Z1P | A | | | | |
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11. I hereby certify that the information supplied with this filiportioes 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 flability company or the repeiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

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Daytime Phone 4