

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90003 017 \*\*\*\*50.00

**20012464**



02142006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-2354287

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

LUPER, ZVI  
5297 GULF BLVD.  
ST. PETE BEACH, FL 33706

**DO NOT WRITE  
IN THIS SPACE**

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 fee if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGRM  
NAME LUPER, ZVI  
STREET ADDRESS 5297 GULF BLVD.  
CITY-ST-ZIP ST. PETE BEACH, FL 33706

TITLE P  
NAME LUPER, HANAN  
STREET ADDRESS 7347 SAWGRASS POINT DR  
CITY-ST-ZIP PINELLAS PARK, FL 33782

TITLE P  
NAME VALLIANATOS, JOHN  
STREET ADDRESS P.O. BOX 5857  
CITY-ST-ZIP DESTIN, FL 32540

TITLE P  
NAME VALLIANATOS, ANDREW  
STREET ADDRESS P.O. BOX 5857  
CITY-ST-ZIP DESTIN, FL 32540

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

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

Date

Daytime Phone #

2-15-06 (850) 259-0339