

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000079343

1. Entity Name
99 TIPS GUIDE, LLC



Principal Place of Business
3001 QUAYSIDE LANE
MIAMI, FL 33138

Mailing Address
P.O. BOX 530725
MIAMI SHORES, FL 33153-0725



01052006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
86-1129537

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEVY, JOEL A
3001 QUAYSIDE LANE
MIAMI, FL 33138

**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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

000000380630

01/11/06-80021-017 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
VICTORY INC
2175 HAWTHORNE ST
SARASOTA, FL 34239

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
LEVY, JAMI LIN
3001 QUAYSIDE LANE
MIAMI, FL 33138

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
LEVY, JOEL A
3001 QUAYSIDE LANE
MIAMI, FL 33138

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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 #

Joel A. Levy

1-5-06

305 893-9985