

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000081113

FILED
Jan 18, 2006
Secretary of State

Entity Name: MAX LEBLANC ENTERPRISES LLC

Current Principal Place of Business:

1950 GRANT STREET
HOLLYWOOD, FL 33020

New Principal Place of Business:

1010 N 20 AVENUE
A
HOLLYWOOD, FL 33020

Current Mailing Address:

1950 GRANT STREET
HOLLYWOOD, FL 33020

New Mailing Address:

1010 N 20 AVENUE
A
HOLLYWOOD, FL 33020

FEI Number: 20-1853272

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEBLANC, MARTIAL
1950 GRANT STREET
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

LEBLANC, MARTIAL
1010 N 20 AVENUE
A
HOLLYWOOD, FL 33020 US

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.

SIGNATURE: MARTIAL LEBLANC

01/18/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LEBLANC, MARTIAL
Address: 1950 GRANT STREET
City-St-Zip: HOLLYWOOD, FL 33020

Title: MGR () Delete
Name: LEBLANC, AIDA
Address: 1950 GRANT STREET
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LEBLANC, MARTIAL
Address: 1010 N 20 AVENUE A
City-St-Zip: HOLLYWOOD, FL 33020

Title: MGR (X) Change () Addition
Name: LEBLANC, AIDA
Address: 1010 N 20 AVENUE A
City-St-Zip: HOLLYWOOD, FL 33020

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARTIAL LEBLANC

MGR

01/18/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date