


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000083395 1. Entity Name LEGENDARY 4 X 4'S, LLC	
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Principal Place of Business 9990 S.W. 77TH AVENUE, SUITE 330 MIAMI, FL 33156-2661	Mailing Address 9990 S.W. 77TH AVENUE, SUITE 330 MIAMI, FL 33156-2661
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01032006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 83-0411828	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MARGOLIS, JOHN A 9990 S.W. 77TH AVENUE, SUITE 330 MIAMI, FL 33156-2661
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**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)

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

04/29/06-80204-016 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROBBIN, JUAN G 11105 N.W. 33RD STREET MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RIDENOUR, THOMAS L 1507 N.E. 17TH AVENUE FORT LAUDERDALE, FL 33304
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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: Juan G. Robbin **JUAN G. ROBBIN** 2-1-06 305-597-0263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #