

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90019 016 ****55.00

DOCUMENT # L04000087116					
1. Entity Name PLUGGED-IN, LLC.					
Principal Place of Business 5242 NORTH LAKEWOOD COURT LAS VEGAS, NV 89120			Mailing Address 5242 NORTH LAKEWOOD COURT LAS VEGAS, NV 89120		
2. Principal Place of Business 3000 34th STREET S. Suite, Apt., etc. 9		3. Mailing Address 3000 34th STREET S. Suite, Apt., etc. 9			
City & State St. Petersburg, FL		City & State St. Petersburg, FL		01302006 Chg-LLC CR2E083 (11/05)	
Zip 33711 Country US		Zip 33711 Country US		4. FEI Number 36-4565198	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LANGFORD, DARREN C/O IZZY SANCHEZ 786 ORIENTA AVENUE APT. F ALTAMONTE SPRINGS, FL 32701			7. Name and Address of New Registered Agent Name: LANGFORD, DARREN Street Address (P.O. Box Number is Not Acceptable): 3856 34th TERRACE S. APT. F City: ST. Petersburg FL Zip Code: 33711		
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: <u>Darren Langford</u> <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE: <u>2/1/06</u>	
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete LANGFORD, DARREN 3937 SPENCER STREET #20 LAS VEGAS, NV 89119				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete STARR, DAVID 5242 NORTH LAKEWOOD COURT LAS VEGAS, NV 89120				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input checked="" type="checkbox"/> Delete KERNS, JOSHUA 5426 SPENCER STREET LAS VEGAS, NV 89119				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete RODRIGUEZ, VICTOR 750 GRAND CONCOURSE #5S BRONX, NY 10451				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete COLLINS, GREGORY 1012 OLVERA WAY LAS VEGAS, NV 89128				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3856 34th TERRACE S. APT. F ST. Petersburg, FL 33711				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: <u>Darren Langford</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				DATE: <u>2/1/06</u> Daytime Phone #: <u>227-906-0890</u>	