


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90189 004 \*\*\*\*50.00

<b>DOCUMENT # L04000091307</b> 1. Entity Name MARK & JOAN HOLDINGS, L.L.C.					
Principal Place of Business <del>2123 PONTER LAKE DR, UNIT A</del> <del>SARASOTA, FL 34240</del>			Mailing Address 1819 MAIN STREET, SUITE 610 SARASOTA, FL 34236		
2. Principal Place of Business <b>2123 PORTER LAKE DR</b>			3. Mailing Address Suite, Apt. #, etc. <b>UNIT A</b>		
City & State <b>Sarasota</b>			City & State <b>FL</b>		
Zip <b>34230</b>			Country 		
4. FEI Number <b>NOT APPLICABLE</b>			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$5.00</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  COMPTON, JOHN M 1819 MAIN STREET, SUITE 610 SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MICHALIK, MARK J 6729 ASHLEY COURT SARASOTA, FL 34241		<input type="checkbox"/> Delete		
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		
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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.					
<b>SIGNATURE:</b> <i>Mark J. Michalik</i>			Date: <b>2/6/2006</b> Daytime Phone #: <b>941 341 9414</b>		

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