2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

1. Entity Name LIMA GIRLS, LLC					06 OCT 19 AM 10: 13	
Principal Plac	ce of Business	Mailing Address			1	
605 WIGGINS ROAD Delray Beach, Fl. 33444		605 WIGGINS ROAD Delray Beach, Fl 33444				
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2. Principal Place of Business 3. Mailing Address						
					Action 1 (2011) all exit plett able sem exit exile (6) (1)	liffe an in (Biod) fit indi
Suite, Apt. #, etc.		Suite, Apt. #, etc.			09052006 Chg-LLC CR2E083	(11/05)
City & State		City & State			4. FEI Number	Applied For
Zip Country		Zip Country		TN/	47-0950751	Not Applicable
2.45	Country	2.0	Count			5.00 Additional e Required
	6. Name and Address of Current	Registered Agent		Name	7. Name and Address of New Registered Ag	ent
				Street Address (P.O. Box Number is Not Acceptable)		
,						
			}	City Zip Code		
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 a	nd title if applicable. [NOTE	: Registered	Agent signature require	d when reinstating) DATE	
Filing Fee is \$50.00 Due by September 6, 2006					Make check pay Florida Departmen	t of State 2002 30
9.	MANAGING MEMBER	RS/MANAGERS	10.	······································	ADDITIONS/CHANGES	
TITLE NAME	P MORAN, KATHLEEN	☐ Delete	TITLE NAME		30008147 ⁰	Erpnor _ Addition
STREET ADDRESS	605 WIGGIN RD			T ADORESS	11/02/06010380	18 **50.00
CITY-ST-ZIP	DELRAY BEACH, FL 33444		CITY-	ST-ZIP		
TITLE NAME	T ALEN, LINDA	☐ Delete	TITLE NAME			Change Addition
STREET ADDRESS	605 WIGGIN RD			ZZ3RCCA T		
CITY-ST-ZIP	DELRAY BEACH, FL 33444		CITY-	\$1-2IP		
TITLE NAME		☐ Delete	TITLE NAME		C	Change Addition
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			CITY-	ST- 21P		
TOLE		Detete	TITLE NAME	(5)	SELVICAL VILLERALEINE	Changa Addition
STREET ADDRESS				TADORESS	THE MENTANTEME	2006
CITY-ST-ZIP			CITY-	ST-ZIP		
title Name		☐ Delete	TITLE NAME			Change
STREET ADDRESS				T ADORESS		
CITY-ST-ZIP			CITY-:	ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE NAME		☐ Delete	TITLE NAME			Change Addition
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			CITY-			
11. I hereby of indicated limited lial	certify that the information supplied with on this report is true and accurate and to bility company or the receiver or trustee	this filling does not quality for hat my signature shall have the empowered to execute this ri	the exem he same eport as	nptions contained legal effect as if n required by Chap	in Chapter 119, Florida Statutes. I further certify the nade under ceth; that I am a managing member of ter 608, Florida Statutes.	at the information r manager of the
<u>.</u>	Mothly	//X/nosa	,		19.0.406	•
SIGNAT	SIGNATURE AND TYPED OR PRINTED NAME OF	SIGNING MANAGING MEMBER, MANA	AGER, OR	LUTHORIZED REPRESE		ne Phone #