


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000092592 1. Entity Name MISTER D'S, LLC	
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Principal Place of Business 1001 WEST BLUE HERON BLVD. RIVIERA BEACH, FL 33407	Mailing Address 1001 WEST BLUE HERON BLVD. RIVIERA BEACH, FL 33407
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04182006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2269170	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MATSOUKAS, DEMETRIOS 1001 WEST BLUE HERON BLVD. RIVIERA BEACH, FL 33407
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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: *Ulysses Matsoukas* DATE: 4/20/06
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**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MATSOUKAS, DEMETRIOS 1001 WEST BLUE HERON BLVD. RIVIERA BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MATSOUKAS, ULYSSES 1001 WEST BLUE HERON BLVD. RIVIERA BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

05/06/06-80031-023 \$0.00

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: *Ulysses Matsoukas* DATE: 4/20/06 DAYTIME PHONE: 5618815201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE