

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**



1st MOORE CR2E083 (10/05)

4. FEI Number **56-2496751** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**WEIDE, BRUCE**  
**634 EAST THIRD AVENUE**  
**NEW SMYRNA BEACH FL 32169**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. 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 obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

## 9. MANAGING MEMBERS / MANAGERS

## 10. ADDITIONS / CHANGES

TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEIDE, BRUCE		NAME	
STREET ADDRESS	634 EAST THIRD AVENUE		STREET ADDRESS	
CITY	NEW SMYRNA BEACH FL 32169		CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY			CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY			CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY			CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY			CITY - ST - ZIP	

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01/30/06-80077-012 50.00

11. I certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information stated 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: **BRUCE WEIDE** *Bruce Weide* 1-19-2006 386423-7611