

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000094219

**FILED**  
**Jan 16, 2006**  
**Secretary of State**

**Entity Name:** TOPPINO INDUSTRIES, LLC

**Current Principal Place of Business:**

US HWY NO.1 ROCKLAND KEY  
P.O. BOX 787  
KEY WEST, FL 33041

**New Principal Place of Business:**

**Current Mailing Address:**

US HWY NO.1 ROCKLAND KEY  
P.O. BOX 787  
KEY WEST, FL 33041

**New Mailing Address:**

**FEI Number:** 20-2076449

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOHATCH, JOHN S  
GUTTENMACHER & BOHATCH, P.A.  
2600 DOUGLAS ROAD, PH-8  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** TOPPINO, FRANK P  
**Address:** # 37 EVERGREEN  
**City-St-Zip:** KEY WEST, FL 33040

**Title:** MGRM ( ) Delete  
**Name:** TAPPINO, EDWARD SR  
**Address:** 46 CYPRESS AVE  
**City-St-Zip:** KEY WEST, FL 33040

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** FRANK P. TOPPINO

MGRM

01/16/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date