

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000094366 1. Entity Name MAMORETA, LLC	
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Principal Place of Business 1655 27TH STREET SUITE 2 VERO BEACH, FL 32960	Mailing Address 1655 27TH STREET SUITE 2 VERO BEACH, FL 32960
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07212006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2419044	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**MOLER, STEPHEN E
336 EGRET LANE
VERO BEACH, FL 32963**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

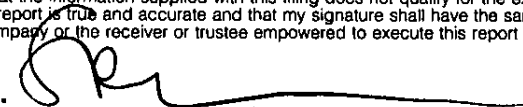
**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MASTELLER, EARL H 869 ROBIN LANE SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOLER, STEPHEN E 336 EGRET LANE VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REED, RODNEY L 781 GOSSAMER WING WAY SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAYLOR, DAVID M 1225 26TH AVENUE VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U00000573237
08/03/06-80002-011 50.00

**DO NOT WRITE
IN THIS SPACE**

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:  **8-1-06 772-567-5300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #