

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000001759

Entity Name: SQUALOR HOLDINGS, L.L.C.

FILED
May 01, 2006
Secretary of State

Current Principal Place of Business:

7661 LAKE WORTH ROAD
LAKE WORTH, FL 33467

New Principal Place of Business:

7753 LAKE WORTH ROAD
LAKE WORTH, FL 33467

Current Mailing Address:

7661 LAKE WORTH ROAD
LAKE WORTH, FL 33467

New Mailing Address:

7753 LAKE WORTH ROAD
LAKE WORTH, FL 33467

FEI Number: 52-2455324 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NELSON-BROWN, CATHERINE
7661 LAKE WORTH ROAD
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

NELSON-BROWN, CATHERINE
7753 LAKE WORTH ROAD
LAKE WORTH, FL 33467 US

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: CATHERINE NELSON-BROWN

05/01/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NELSON-BROWN, CATHERINE
Address: 7661 LAKE WORTH ROAD
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NELSON-BROWN, CATHERINE
Address: 7753 LAKE WORTH ROAD
City-St-Zip: LAKE WORTH, FL 33467

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: CATHERINE NELSON-BROWN

MGRM

05/01/2006

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