

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000008439

FILED  
Apr 10, 2006  
Secretary of State

**Entity Name:** CICADA HOLDING COMPANY, L.L.C.

**Current Principal Place of Business:**

10086 GRIFFIN ROAD  
COOPER CITY, FL 33328

**New Principal Place of Business:**

**Current Mailing Address:**

10086 GRIFFIN ROAD  
COOPER CITY, FL 33328

**New Mailing Address:**

**FEI Number:** 20-2259183

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RICHARD M. WEINER, P.A.  
3333 N. UNIVERSITY DRIVE  
SUITE A  
DAVIE, FL 33024 US

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

RICHARD M. WEINER, P.A.  
201 N. UNIVERSITY  
SUITE 103  
PLANTATION, FL 33324 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:**

04/10/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MITCHELL, DOUGLAS L  
Address: 10086 GRIFFIN ROAD  
City-St-Zip: COOPER CITY, FL 33328

Title: MGRM ( ) Delete  
Name: MITCHELL, NORMA G  
Address: 10086 GRIFFIN ROAD  
City-St-Zip: COOPER CITY, FL 33328

**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:** NORMA G. MITCHELL

P

04/10/2006

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