

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90224 005 ****55.00

DOCUMENT # L05000011459					
1. Entity Name T.S. FOG LLC					
Principal Place of Business % NORMAN SOLOMON 730 COLOMBUS AVE., APT. 15F NEW YORK, NY 10025			Mailing Address 711 MAGNOLIA STREET NEW SMYRNA BEACH, FL 32168		
2. Principal Place of Business		3. Mailing Address 606 N Riverside Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State EDGEWATER, FL			
Zip	Country	Zip 32132	Country U.S.A	4. FEI Number 02272006 Chg-LLC CR2E083 (11/05)	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent STEVENS, ANTHONY 711 MAGNOLIA STREET NEW SMYRNA BEACH, FL 32168			7. Name and Address of New Registered Agent Name: ANTHONY STEVENS Street Address (P.O. Box Number is Not Acceptable): 606 N RIVERSIDE DRIVE City: EDGEWATER FL Zip Code: 32132		
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)					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEVENS, ANTHONY 711 MAGNOLIA STREET NEW SMYRNA BEACH, FL 32168	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANTHONY STEVENS 606 N RIVERSIDE DRIVE EDGEWATER, FL 32132	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	(Empty row for additions/changes)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	(Empty row for additions/changes)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	(Empty row for additions/changes)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	(Empty row for additions/changes)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	(Empty row for additions/changes)		
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: <u>Anthony Stevens</u> ANTHONY STEVENS 2/27/06 424-1659					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					