

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90273 004 ****50.00

DOCUMENT # L05000011831

1. Entity Name

PROJECT MATERIALS, LLC



Principal Place of Business

11900 BISCAYNE BOULEVARD, SUITE 807
NORTH MIAMI FL 33181

Mailing Address

11900 BISCAYNE BOULEVARD, SUITE 807
NORTH MIAMI FL 33181



2. Principal Place of Business

7975 WEST 20th AVE

Suite, Apt. #, etc.

3. Mailing Address

7975 WEST 20th AVE

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

Hialeah, FL

City & State

Hialeah, FL

4. FEI Number

20-3305139

Applied For

Not Applicable

Zip

33014

Country

US

Zip

33014

Country

US

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GLASER, ALLAN M
11900 BISCAYNE BOULEVARD, SUITE 807
NORTH MIAMI FL 33181

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME ZIMMERMAN, LEE
STREET ADDRESS 11900 BISCAYNE BOULEVARD, SUITE 807
CITY-ST-ZIP NORTH MIAMI FL 33181

TITLE MGRM ☒ Delete
NAME LEVY, SCOTT
STREET ADDRESS 11900 BISCAYNE BOULEVARD, SUITE 807
CITY-ST-ZIP NORTH MIAMI FL 33181

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition
NAME Zimmerman, LEE
STREET ADDRESS 7975 WEST 20th AVE
CITY-ST-ZIP Hialeah, FL 33014

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/10/06

305-822-7782