


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90025 045 \*\*\*\*50.00

|   |   |  |  |   |  |
|---|---|--|--|---|--|
| <b>DOCUMENT # L05000013674</b>  |   |  |  |  |  |
| <b>1. Entity Name</b><br>A & R TOWING LLC   |   |  |  |   |  |
| <b>Principal Place of Business</b><br>11985 SOUTHERN BLVD<br>STE 178<br>ROYAL PALM BEACH, FL 33411-7619 US  |   |  | <b>Mailing Address</b><br>11985 SOUTHERN BLVD<br>STE 178<br>ROYAL PALM BEACH, FL 33411-7619 US                           |   |  |
| <b>2. Principal Place of Business</b>   |   | <b>3. Mailing Address</b>                                |  |   |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.                                      |  |   |  |
| City & State  |   | City & State   |  |   |  |
| Zip   | Country   | Zip  | Country  | <b>4. FEI Number</b><br>20-2095608  |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |   |  |  | <b>\$5.00 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>JUMPING JAX TAX INC<br>1940 HARRISON ST<br>STE 201B<br>HOLLYWOOD, FL 33020-5072   |   |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |   |  |
| FL  |   |  | Zip Code   |   |  |
| <b>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.</b>  |   |  |  |   |  |
| <b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reappointing)  |   |  |  |   |  |
| <b>Filing Fee is \$50.00 Due by May 1, 2006</b>   |   | <b>Make check payable to Florida Department of State</b> |  |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |   |  | <b>10. ADDITIONS/CHANGES</b>   |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <b>MGRM</b><br><b>DUKHARAN, ANNE MARIE</b><br>11985 SOUTHERN BLVD STE 178<br>ROYAL PALM BEACH, FL 334117619 |  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Delete   |  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
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| <b>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.</b> |   |  |  |   |  |
| <b>SIGNATURE:</b> _____   |   |  | 3/11/06  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |   |  | Date Daytime Phone #   |   |  |