


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90048 036 \*\*\*\*50.00

<b>DOCUMENT # L05000014008</b>		
1. Entity Name SZOMA BAY TRADERS, LLC		

Principal Place of Business 832 NE 18TH COURT FORT LAUDERDALE, FL 33305	Mailing Address 832 NE 18TH COURT FORT LAUDERDALE, FL 33305
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2. Principal Place of Business 8177 Glades Rd. Suite, Apt. #, etc. Suite 7 City & State Boca Raton Florida Zip 33434 Country Palm Beach	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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04142006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent LEE, STEVEN A 832 NE 18TH COURT FORT LAUDERDALE, FL 33305	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 Steven A. Lee, Manager (NOTE: Registered Agent signature required when re-registering) DATE 4/14/06

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEE, STEVEN A 832 NE 18TH COURT FORT LAUDERDALE, FL 33305 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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>Steven A. Lee</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	<u>4/14/06</u> Date	<u>(561) 488-9707</u> Daytime Phone #
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