2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State
04-03-2006 90075 015 ****50.00

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1. Entity Name
C-SQUARE'D, LLC

Principal Place of Business	Mailing Address
1601 JOHNS LAKE RD. #1211 CLERMONT, FL 34711	1601 JOHNS LAKE RD. #1211 CLERMONT, FL 34711

02272006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 6153 Sailboat Av	Suite, Apt. #, etc. Po Box 1003
City & State TAVARES Fl	City & State TAVARES Fl
Zip 32778 Country	Zip 32778 Country

4. FEI Number 65-1240012 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COCCARO, CARL W
1601 JOHNS LAKE RD. #1211
CLERMONT, FL 34711

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00 Due by May 1, 2006

name
married 10/27/05

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	GOLDBERG, PATRICIA A	NAME	COCCARO PATRICIA
STREET ADDRESS	1601 JOHNS LAKE RD. #1211	STREET ADDRESS	6153 Sailboat Av
CITY-ST-ZIP	CLERMONT, FL 34711	CITY-ST-ZIP	TAVARES Fl 32778
TITLE	MGR ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	COCCARO, CARL W	NAME	
STREET ADDRESS	1601 JOHNS LAKE RD. #1211	STREET ADDRESS	6153 Sailboat Av
CITY-ST-ZIP	CLERMONT, FL 34711	CITY-ST-ZIP	TAVARES Fl 32778
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Patricia A Coccaro 3/27/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #