

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000020396

Entity Name: INKLING ENTERPRISES, LLC

FILED  
Mar 16, 2006  
Secretary of State

**Current Principal Place of Business:**

1502 MAGNAVOX WAY, SUITE 260  
FORT WAYNE, IN 46804

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5833  
DELTONA, FL 32728

**New Mailing Address:**

FEI Number: 20-2413516

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HUTCHINS, ROBERT J  
1515 INTERNATIONAL PARKWAY, SUITE 2001  
LAKE MARY, FL 32746 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: PLAKON, D. SCOTT  
Address: 537 DELTONA BLVD., SUITE 100  
City-St-Zip: DELTONA, FL 32725

Title: MGR ( ) Change (X) Addition  
Name: IMBRENDA, PHILLIP  
Address: 223 E. MAIN STREET  
City-St-Zip: TAVARES, FL 32778

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: D. SCOTT PLAKON

MGR

03/16/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date