

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000020882

FILED  
Apr 02, 2006  
Secretary of State

Entity Name: FOREVER CHANGED LLC

## Current Principal Place of Business:

4381 KIMBERLY CIRCLE  
TALLAHASSEE, FL 32309

## New Principal Place of Business:

## Current Mailing Address:

4381 KIMBERLY CIRCLE  
TALLAHASSEE, FL 32309

## New Mailing Address:

FEI Number: 20-2457726

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROCCANTI, NICHOLAS  
4381 KIMBERLY CIR.  
TALLAHASSEE, FL 32309 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: MGRM ( ) Delete  
Name: COLE, DANIEL ALLEN  
Address: 2749 W. THARPE STREET  
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGRM ( ) Delete  
Name: LEE, WILLIAM NATHAN  
Address: 8967 WINGED FOOT DR.  
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM ( ) Delete  
Name: O'REAR, BENJAMIN JOSEP  
Address: 2327 NAPOLEON BONAPARTE DR.  
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGRM ( ) Delete  
Name: GUSTAFSON, THOMAS WILSON  
Address: 1108 CARRAWAY ST.  
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGR ( ) Delete  
Name: ROCCANTI, NICHOLAS DANTE  
Address: 4381 KIMBERLY CIR.  
City-St-Zip: TALLAHASSEE, FL 32309

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: COLE, DANIEL ALLEN  
Address: 3007 SHAMROCK N UNIT 15  
City-St-Zip: TALLAHASSEE, FL 32309

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: GUSTAFSON, THOMAS WILSON  
Address: 4070 BURNING TREE DR  
City-St-Zip: DESTIN, FL 32541

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: NICHOLAS ROCCANTI

MGR

04/02/2006

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