


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90015 001 \*\*\*\*50.00

**DOCUMENT # L05000021570**

1. Entity Name  
**RICARDO & WASYLIK, P.L.**



Principal Place of Business  
 14149 7TH STREET  
 DADE CITY, FL 33526

Mailing Address  
 P.O. BOX 2245  
 DADE CITY, FL 33526

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.


Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



04192006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**70-240 4374**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**HINES, JAMES P**  
**315 SOUTH HYDE PARK AVENUE**  
**HINES NORMAN & ASSOCIATES, P.L.**  
**TAMPA, FL 33606**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2006**

**Make check payable to Florida Department of State**

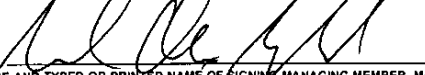
**9. MANAGING MEMBERS/MANAGERS**

TITLE	<del>M. Wasyluk</del>	<input type="checkbox"/> Delete
NAME	<del>M. Wasyluk</del>	
STREET ADDRESS	<del>14149 7th St</del>	
CITY-ST-ZIP	<del>Dade City FL 33526</del>	
TITLE	<del>J. Ricardo</del>	<input type="checkbox"/> Delete
NAME	<del>J. Ricardo</del>	
STREET ADDRESS	<del>14149 7th St</del>	
CITY-ST-ZIP	<del>Dade City FL 33526</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS/CHANGES**

TITLE	MGRM M. Wasyluk	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	M. Wasyluk	
STREET ADDRESS	14149 7th St.	
CITY-ST-ZIP	Dade City FL 33526	
TITLE	MGRM J. Ricardo	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	J. Ricardo	
STREET ADDRESS	14149 7th St.	
CITY-ST-ZIP	Dade City FL 33526	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:**  **M. Wasyluk** **4/19/06** **813-974-8509**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #