

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

2. **FILED**  
**Mar 07, 2006 8:00 am**  
**Secretary of State**

02-21-2006 90176 037 \*\*\*150.00

<b>DOCUMENT # L05000022867</b> 1. Entity Name <b>FORMOSE ENTERPRISES, LLC</b>					
Principal Place of Business <b>3444 EAST LAKE ROAD SUITE 412 PALM HARBOR, FL 34685 US</b>			Mailing Address <b>3444 EAST LAKE ROAD SUITE 412 PALM HARBOR, FL 34685 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			4. FEI Number <b>20-2458546</b> Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>ROBERT F. DIMARCO, C.P.A. PA 3444 EAST LAKE ROAD SUITE 412 PALM HARBOR, FL 34685</b>			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 renouncing) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>				<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR PHILLIPS, DENNIS 3444 EAST LAKE ROAD SUITE 412 PALM HARBOR, FL 34685</b> <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	<b>MGRM DIMARCO, ROBERT F 3444 EAST LAKE ROAD SUITE 412 PALM HARBOR, FL 34685</b> <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	<b>MGRM ZEENA, ROBERT 3444 EAST LAKE ROAD SUITE 412 PALM HARBOR, FL 34685</b> <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	<b>MGRM HINES, BRIAN 3444 EAST LAKE ROAD SUITE 412 PALM HARBOR, FL 34685</b> <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	<b>MGRM COHEN, STUART 3444 EAST LAKE ROAD SUITE 412 PALM HARBOR, FL 34685</b> <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	<b>MGRM ZEENA, TIMOTHY 3444 EAST LAKE ROAD PALM HARBOR, FL 34685</b> <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.					
<b>SIGNATURE: <u>Robert F. Dimarco</u> <u>ROBERT F. DIMARCO</u> 2-16-06 787-787-5290</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Deponent Phone #</small>					



ATTACHMENT

30001875

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 22, 2006

FORMOSE ENTERPRISES, LLC  
3444 EAST LAKE ROAD  
SUITE 412  
PALM HARBOR, FL 34685 US

Subject: **FORMOSE ENTERPRISES, LLC**

Reference Number: **L05000022867**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE

ANNUAL REPORTS SECTION