

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000025628

Entity Name: OCTOPI GROUP LLC

FILED  
Jan 18, 2006  
Secretary of State

**Current Principal Place of Business:**

7250 NW 4TH AVE  
BOCA RATON, FL 33487 US

**New Principal Place of Business:**

**Current Mailing Address:**

7250 NW 4TH AVE  
BOCA RATON, FL 33487 US

**New Mailing Address:**

FEI Number: 20-2509103

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MANNING, MICHAEL  
7250 NW 4TH AVE  
BOCA RATON, FL 33487 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: MGR ( ) Delete  
Name: MANNING, MICHAEL  
Address: 7250 NW 4TH AVE  
City-St-Zip: BOCA RATON, FL 33487 US

Title: MGR ( ) Delete  
Name: PREBLE, ALPHA Z  
Address: 5181 GARFIELD RD  
City-St-Zip: DELRAY BEACH, FL 33484 US

Title: MGR (X) Delete  
Name: ARISTIDE, JEAN D  
Address: 3160 LA MIRAGE DR  
City-St-Zip: LAUDERHILL, FL 33319 US

**ADDITIONS/CHANGES:**

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

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

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: MICHAEL MANNING

MGR

01/18/2006

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