


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 31, 2006 8:00 am**  
**Secretary of State**

07-31-2006 90144 020 \*\*\*\*50.00

<b>DOCUMENT # L05000025716</b> 1. Entity Name <b>FLORESCENCE LLC</b>	
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Principal Place of Business <b>6101 NORTH WEST 16TH COURT SUNRISE, FL 33313</b>	Mailing Address <b>6101 NORTH WEST 16TH COURT SUNRISE, FL 33313</b>
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2. Principal Place of Business <b>7027 W. Browd. Blvd Suite, Apt. #, etc. 4296.</b>	3. Mailing Address <b>6101 NW 16th Ct Suite, Apt. #, etc. -</b>
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07112006 Chg-LLC CR2E083 (11/05)

City & State <b>Plantation Florida</b>	City & State <b>Sunrise Florida</b>
Zip <b>33317</b>	Zip <b>33313</b>
Country <b>U.S.A.</b>	Country <b>U.S.A.</b>

4. FEI Number <b>36-4570550</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
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6. Name and Address of Current Registered Agent  <b>FERGUSON, LYTTLETON 6101 NORTH WEST 16TH COURT SUNRISE, FL 33313</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by September 6, 2006</b>		<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERGUSON, LYTTLETON	NAME	
STREET ADDRESS	6101 NORTH WEST 16TH COURT	STREET ADDRESS	
CITY-ST-ZIP	SUNRISE, FL 33313	CITY-ST-ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERGUSON, JENELPHA	NAME	
STREET ADDRESS	6101 NORTH WEST 16TH COURT	STREET ADDRESS	
CITY-ST-ZIP	SUNRISE, FL 33313	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 member or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**   7/31/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date

954 485-9921  
Daytime Phone #