


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-21-2006 90017 050 \*\*\*\*50.00

<b>DOCUMENT # L05000026224</b>	
1. Entity Name <b>FROGLOGIC CONCEPTS, LLC</b>	

Principal Place of Business <b>2600 NORTH MILITARY TRAIL, FOURTH FLOOR BOCA RATON, FL 33431</b>	Mailing Address <b>2600 NORTH MILITARY TRAIL, FOURTH FLOOR BOCA RATON, FL 33431</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04172006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-2630400</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>MULHALL, RUTHERFORD P.A. 2600 NORTH MILITARY TRAIL, FOURTH FLOOR BOCA RATON, FL 33431</b>	7. Name and Address of New Registered Agent Name <b>RUTHERFORD MULHALL, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2600 North Military Trail, Fourth Floor</b> City <b>Boca Raton</b> FL Zip Code <b>33431</b>
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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/18/06**

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

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUTHERFORD, CHARLES E 2600 NORTH MILITARY TRAIL, FOURTH FLOOR BOCA RATON, FL 33431 <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	MGR RUTHERFORD, DAVID 2600 NORTH MILITARY TRAIL, FOURTH FLOOR BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4/18/06**

Date

**561 241-1600**


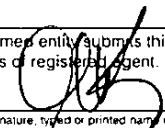
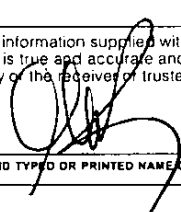
Daytime Phone #

# ATTACHMENT

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Please Return File  
STAMPED COPY

20034001

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City & State		City & State			
Zip	Country	Zip	Country	04172006    Chg-LLC    CR2E083 (11/05)	
4. FEI Number <b>20-2630400</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MULHALL, RUTHERFORD P.A. 2600 NORTH MILITARY TRAIL, FOURTH FLOOR BOCA RATON, FL 33431</b>			Name <b>RUTHERFORD MULHALL, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2600 North Military Trail, Fourth Floor</b> City <b>Boca Raton</b> <b>FL</b> Zip Code <b>33431</b>		
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SIGNATURE: 			Date <b>4/18/06</b> Daytime Phone # <b>561 241-1600</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					