## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Feb 13, 2006 8:00 am Secretary of State **DOCUMENT #L05000028413** 1. Entity Name FIRSTPATH, LLC 01-17-2006 90061 001 \*\*\*\*50.00 Principal Place of Business Mailing Address 1250 N.W. 122ND AVENUE PLANFATION, FL 33323 1250 N.W 122ND AVENUE PLANTATION, FL 33323 2. Principal Place of Business. 560/ N. DIXIC Hwy 3. Mailing Address Suite, Apt. #, etc. 01102006 Chg-LLC CR2E083 (11/05) City & State 4. FEI Number Applied For 20-2638089 Not Applicable Ζiρ Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COHEN, JEFFREY L Street Address (P.O. Box Number is Not Acceptable) 54 N.E. FOURTH AVENUE DELRAY BEACH, FL 33483 City 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 DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE president, Secratery Deleta TITLE Change ☐ Addition MAKE Ronald F. Giffler NAME STREET ADDRESS Flantation FL STREET ADDRESS CITY-ST-ZIP CITY-ST-7P Vice President, Trasver | Delete Fred W. Reineke 230 Nurmi Drive TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS E+.Lauderdale CITY-ST-71P CITY-ST-ZIP TITLE TITLE ☐ Channe ☐ Addition NAME MANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST- 7P TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - 51 - 71P CITY-ST-ZIP O Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Detete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-212 CITY-ST-7IP 11. Thereby 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.



## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 23, 2006

FIRSTPATH, LLC 1250 N.W 122ND AVENUE PLANTATION, FL 33323

Subject: FIRSTPATH, LLC

Reference Number:

;--L05000028413

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

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.

/CC

ANNUAL REPORTS SECTION