



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90224 038 \*\*\*\*55.00

DOCUMENT # L05000033914					
<b>1. Entity Name</b> SIETZ & SIETZ, LLC					
<b>Principal Place of Business</b> 13798 RIVER FOREST DRIVE FORT MYERS, FL 33905			<b>Mailing Address</b> 13798 RIVER FOREST DRIVE FORT MYERS, FL 33905		
<b>2. Principal Place of Business</b> 170 Daniels Rd. SE Suite, Apt. #, etc. LOT 202 City & State Moore Haven, FL Zip 33471 Country USA		<b>3. Mailing Address</b> P.O. Box 2430 Suite, Apt. #, etc. PHB 4002 City & State PENSACOLA, FL Zip 32513 Country USA			
02242006 Chg-LLC CR2E083 (11/05)				<b>4. FEI Number</b> 20-2855036	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> SIETZ, WAYNE H 13798 RIVER FOREST DRIVE FORT MYERS, FL 33905			<b>7. Name and Address of New Registered Agent</b> Name WAYNE H. SIETZ Street Address (P.O. Box Number is Not Acceptable) 428 CHILDERS ST. City PENSACOLA FL Zip Code 32534		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR: WAYNE H. SIETZ 428 CHILDERS ST PENSACOLA, FL 32534 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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<b>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: <i>Wayne H. Sietz</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			2-27-06 239-218-6079 Date Daytime Phone #		