


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 24, 2006 8:00 am
Secretary of State

02-16-2006 90151 001 ***350.00

DOCUMENT # L05000034215					
1. Entity Name FELLER GROUP, LLC					
Principal Place of Business 500 NORTHEAST 3 AVENUE FORT LAUDERDALE FL 33301			Mailing Address 500 NORTHEAST 3 AVENUE FORT LAUDERDALE FL 33301		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 11-3748793	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent FRYE, AUSTIN A 20900 WEST DIXIE HIGHWAY AVENTURA FL 33180			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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 _____ (NOTE: Registered Agent signature required when reappointing)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FELLER, STEVEN		NAME		
STREET ADDRESS	500 NORTHEAST 3 AVENUE		STREET ADDRESS		
CITY - ST - ZIP	FORT LAUDERDALE FL 33301		CITY - ST - ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FELLER, LOUISE		NAME		
STREET ADDRESS	500 NORTHEAST 3 AVENUE		STREET ADDRESS		
CITY - ST - ZIP	FORT LAUDERDALE FL 33301		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		
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 Section 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: _____			Date: 2/1/06		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					



**STEVEN
FELLER P.E.,**
INCORPORATED

500 N.E. Third Avenue
Ft. Lauderdale, FL 33301
Phone (954) 467-1402
Fax (954) 467-5752

ATTACHMENT

30003323
#L05000034215

LETTER OF TRANSMITTAL

DATE: <u>3/20/06</u>	JOB NO.:
ATTENTION:	
PROJECT NAME: <u>Annual Report Section</u>	

TO Division of Corporation
P.O. Box 16478
Tallahassee, FL 32314
PHONE NO. ()

WE ARE SENDING YOU:

<input type="checkbox"/> Via Messenger	<input type="checkbox"/> Via Fed-Ex	<input type="checkbox"/> Via Mail	<input type="checkbox"/> Pick-Up
<input type="checkbox"/> Prints	<input type="checkbox"/> Shop Drawings	<input type="checkbox"/> Compact Discs	<input type="checkbox"/> Diskettes
<input type="checkbox"/> Energy Calcs	<input type="checkbox"/> Load Calcs	<input type="checkbox"/> Hydraulic Calcs	<input type="checkbox"/> Specifications

NO. of SETS	TOTAL NO. of PRINTS	SIGNED & SEALED YES	NO	DESCRIPTION/PAGE NUMBERS
				<u>FEI # Where applicable</u>

THESE ARE TRANSMITTED as checked below:

☐ For review ☐ Reviewed as submitted
☐ For your use ☐ Reviewed as noted
☐ As requested ☐ Returned for corrections

REMARKS _____

SMALL B.L.	LARGE B.L.	SMALL VELLUM	LARGE VELLUM	COMPACT DISCS	

ISSUED BY: Laura Ruggieri RECEIVED BY: _____
DATE: LAURA RUGGIERI DATE: _____
(PLEASE PRINT NAME)