

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000035246

FILED
Feb 08, 2006
Secretary of State

Entity Name: FISHERBECK LIMITED LIABILITY COMPANY

Current Principal Place of Business:

350 WEST ENID DRIVE
KEY BISCAYNE, FL 33149 US

New Principal Place of Business:

Current Mailing Address:

350 WEST ENID DRIVE
KEY BISCAYNE, FL 33149 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOULKS BOCCARDI, MONICA
749 CRANDON BLVD
511
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

FOULKS BOCCARDI, MONICA
350 WEST ENID DRIVE
KEY BISCAYNE, FL 33149 US

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.

SIGNATURE: MONICA FOULKS BOCCARDI

02/08/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FOULKS BOCCARDI, MONICA
Address: 749 CRANDON BLVD #511
City-St-Zip: KEY BISCAYNE, FL 33149 US

Title: MGR () Delete
Name: MULLIN-MEAGHER, MARGARET
Address: 310 GREENWOOD DRIVE
City-St-Zip: KEY BISCAYNE, FL 33149 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FOULKS BOCCARDI, MONICA
Address: 350 WEST ENID DRIVE
City-St-Zip: KEY BISCAYNE, FL 33149 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARGARET MULLIN-MEAGHER

MGR

02/08/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date