


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 28, 2006 8:00 am
Secretary of State

08-28-2006 90108 028 ****50.00

DOCUMENT # L05000036488 1. Entity Name BIRD PROVENZANO LLC					
Principal Place of Business 665 SOUTH EAST 21ST AVENUE DEERFIELD BEACH, FL 33441				Mailing Address 665 SOUTH EAST 21ST AVENUE DEERFIELD BEACH, FL 33441	
2. Principal Place of Business 701 SOUTH EAST 21ST AVENUE Suite, Apt. #, etc. # 509		3. Mailing Address 701 SOUTH EAST 21ST AVENUE Suite, Apt. #, etc. # 509			
City & State DEERFIELD BEACH, FL Zip 33441		City & State DEERFIELD BEACH, FL Zip 33441		08112006 Chg-LLC CR2E083 (11/05)	
4. FEI Number		<input checked="" 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 BIRD, MARSHA 665 SOUTH EAST 21ST AVENUE DEERFIELD BEACH, FL 33441			7. Name and Address of New Registered Agent Name BIRD, MARSHA Street Address (P.O. Box Number is Not Acceptable) 701 SOUTH EAST 21ST AVENUE #509 City DEERFIELD BEACH FL Zip Code 33441		
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 reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARSHA BIRD & ASSOCIATES 665 SOUTH EAST 21ST AVENUE DEERFIELD BEACH, FL 33441	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARSHA BIRD & ASSOCIATES 701 SOUTH EAST 21ST AVENUE #509 DEERFIELD BEACH, FL 33441	<input checked="" 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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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
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: <u>MARSHA BIRD</u> MARSHA BIRD <u>8/20/06</u> <u>9544819231</u> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> <small>Date Daytime Phone #</small>					