


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90142 013 ****55.00

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| DOCUMENT # L05000036910 | | | |  | |
| 1. Entity Name WRIGHTS INTERNATIONAL, LLC | | | | | |
| Principal Place of Business 5917 TARPON POINT CIRCLE, #201 CAPE CORAL, FL 33914 US | | | Mailing Address 5917 TARPON POINT CIRCLE, #201 CAPE CORAL, FL 33914 US | | |
| 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 203515793 | | | | | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| WRIGHT, MICHAEL 5917 TARPON POINT CIRCLE #201 CAPE CORAL, FL 33914 | | | 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 reinstating) DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM WRIGHT, MICHAEL 10 CASTLEFIELDS STOKE MANDEVILLE, BUCKS, UK HP22 5XY <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition WRIGHT, MICHAEL 5917 TARPON GARDEN CIRCLE, # 201 CAPE CORAL, FL 33914 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM <input type="checkbox"/> Delete WRIGHT, NADIA C 10 CASTLEFIELDS STOKE MANDEVILLE, BUCKS, UK HP22 5XY | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition WRIGHT, NADIA C 5917 TARPON GARDEN CIRCLE, # 201 CAPE CORAL, FL 33914 | |
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| 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>Nadia C Wright</u> (NADIA C WRIGHT) <u>2-16-06</u> <u>239-540-1850</u> | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # | | | | | |