

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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**FILED**  
**Sep 08, 2006 8:00 am**  
**Secretary of State**

07-14-2006 90091 024 \*\*\*\*50.00

<b>DOCUMENT # L05000049086</b>					
<b>1. Entity Name</b> EZ AUCTIONS LLC					
<b>Principal Place of Business</b> 2726 SW 28TH AVENUE MIAMI, FL 33133 US			<b>Mailing Address</b> 2726 SW 28TH AVENUE MIAMI, FL 33133 US		
<b>2. Principal Place of Business</b> 2726 SW 28 Ave Suite, Apt. #, etc.		<b>3. Mailing Address</b> 2726 SW 28 Ave Suite, Apt. #, etc.			
<b>City &amp; State</b> Miami FL		<b>City &amp; State</b> Miami FL		<b>4. FEL Number</b> 20-2856469	
<b>Zip</b> 33133		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> DAVIS, JUSTIN 2726 SW 28TH AVENUE MIAMI, FL 33133					
<b>7. Name and Address of New Registered Agent</b> Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ <b>FL</b> Zip Code: _____					
<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 reappointing) DATE: _____					
<b>Filing Fee is \$50.00</b> <b>Due by September 8, 2006</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	MGRM DAVIS, JUSTIN 2726 SW 28TH AVENUE MIAMI, FL 33133			<input type="checkbox"/> Delete	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<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 60A, Florida Statutes.</b>					
<b>SIGNATURE:</b> _____				8/3/06 786 7971657	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	