



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 25, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90030 013 \*\*\*\*50.00

30008927

DOCUMENT # L05000051018					
1. Entity Name FINAL TABLE TOURS LLC					
Principal Place of Business 1605 SANDPIPER ST MERRITT ISLAND, FL 32952			Mailing Address 1605 SANDPIPER ST MERRITT ISLAND, FL 32952		
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 20-2894079				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WILLIS, DONNIS J 1605 SANDPIPER ST MERRITT ISLAND, FL 32952				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	MGR Donnis Willis		TITLE		
NAME	1605 Sandpiper St		NAME		
STREET ADDRESS	Merritt Island FL 32952		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	MGR Jan Willis		TITLE		
NAME	1605 Sandpiper St		NAME		
STREET ADDRESS	Merritt Island FL 32952		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	MGR Robert Janoss		TITLE		
NAME	1243 Sussex St		NAME		
STREET ADDRESS	Boynton Beach FL 33436		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE			TITLE		
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 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: 				Date: 4-24-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #	