

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000053429

Entity Name: OZ FAUX FINISHING LLC

FILED  
Sep 05, 2006  
Secretary of State

## Current Principal Place of Business:

5255 TOWER DR.  
CAPE CORAL, FL 33904

## New Principal Place of Business:

13426 HEALD LN.  
#2  
FT. MYERS, FL 33908

## Current Mailing Address:

5255 TOWER DR.  
CAPE CORAL, FL 33904

## New Mailing Address:

13426 HEALD LN.  
#2  
FT. MYERS, FL 33908

FEI Number: 42-1696076      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

GORMAN, JONATHAN A  
5255 TOWER DR.  
CAPE CORAL, FL 33904      US

## Name and Address of New Registered Agent:

GORMAN, JONATHAN A  
13426 HEALD LN.  
#2  
FT. MYERS, FL 33908      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: JONATHAN A. GORMAN

09/05/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR      ( ) Delete  
Name: GORMAN, JONATHAN A  
Address: 5255 TOWER DR.  
City-St-Zip: CAPE CORAL, FL 33904

Title: MGR      ( ) Delete  
Name: GORMAN, JOSEPH T  
Address: 13426 HEALD LN. #2  
City-St-Zip: FT. MYERS, FL 33908

## ADDITIONS/CHANGES:

Title: MGR      (X) Change ( ) Addition  
Name: GORMAN, JONATHAN A  
Address: 13426 HEALD LN. #2  
City-St-Zip: FT. MYERS, FL 33908

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: JONATHAN A. GORMAN

MGR

09/05/2006

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