

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 17, 2006 8:00 am
Secretary of State

05-12-2006 90240 021 ****50.00

DOCUMENT # L05000055078					
1. Entity Name INTERNATIONAL MENTOR BELTS AND BUCKLES LLC					
Principal Place of Business 300 71ST STREET, SUITE 301 C/O DAVID A. HELLER MIAMI BEACH, FL 33141			Mailing Address 300 71ST STREET, SUITE 301 C/O DAVID A. HELLER MIAMI BEACH, FL 33141		
2. Principal Place of Business 4 Kelsey Road Suite, Apt. #, etc.		3. Mailing Address 4 Kelsey Road Suite, Apt. #, etc.			
City & State Lake Placid, FL Zip: 33852 Country:		City & State Lake Placid, FL Zip: 33852 Country:		4. FEI Number 20-5195494 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				04272006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent SCHEEL, CHARLES 300 71ST STREET, SUITE 301 MIAMI BEACH, FL 33141			7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable): 4 Kelsey Road City: Lake Placid FL Zip Code: 33852		
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, 2008		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Scheel, Charles 4 Kelsey Road Lake Placid, FL 33852 <input checked="" type="checkbox"/> Add		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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	
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	
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	
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	
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 registered agent authorized to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: 5/1/06 Daytime Phone #		

ATTACHMENT

DAVID ALLAN HELLER

Certified Public Accountant

30011948

901 NE 125 STREET, SUITE 107
N. MIAMI, FL 33161
TELEPHONE 305-895-5808
FAX 305-891-5667

memo

T R A N S M I T T A L

TO: Florida Department of State
P.O. Box 6478
Tallahassee, FL 32314

DATE: July 13, 2006
FROM: David A. Heller, C.P.A.

RE: International Mentor Belts and Buckles LLC
Document # L05000055078

Enclosed you will find the completed Annual Report for International Mentor Belts and Buckles LLC.

According to your letter, copy enclosed, a \$50.00 payment was received with the original filing of the Annual Report. Please apply payment to the filing of enclosed Annual Report.