


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

02-15-2006 90130 020 ****55.00

DOCUMENT # L05000057476			
1. Entity Name MA & PA'S ENTERPRISES/LLC			
Principal Place of Business 3241 NE HIGHWAY 349 OLDTOWN, FL 32680 US		Mailing Address 50TH NE 817TH AVE OLDTOWN, FL 32680 US	
2. Principal Place of Business		3. Mailing Address 3241 NE Hwy 349	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Old Town FL	
Zip	Country	Zip	Country
32680	Divie	32680	Divie
4. FF# Number 16-1726498		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent BENSON, VICTOR P SR 50TH NE 817TH AVE OLDTOWN, FL 32680		7. Name and Address of New Registered Agent Name Benson, Victor P - Sr. Street Address (P.O. Box Number is Not Acceptable) 3241 NE Highway 349 Old Town City FL Zip Code 32680	
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 <u>Victor P Benson</u>		DATE <u>2-6-06</u>	
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	MGR BENSON, VICTOR P SR 50TH NE 817TH AVE OLDTOWN, FL 32680 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR Benson, Victor P SR 3241 NE Highway 349 Old Town FL 32680 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR BENSON, DOROTHY J 50TH NE 817TH AVE OLDTOWN, FL 32680 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR Benson, Dorothy J 3241 NE Highway 349 Old Town FL 32680 <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 receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.			
SIGNATURE: <u>Dorothy J Benson</u>		DATE <u>2-6-06</u> 352-442-0738	
SIGNATURE AND TYPED OR PRINTED NAME OF RECORDING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

Attachment



30001048

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 17, 2006

MA & PA'S ENTERPRISES/LLC
3241 NE HWY 349
OLDTOWN, FL 32680 US

Subject: MA & PA'S ENTERPRISES/LLC

Reference Number:

L05000057476

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The Federal Employer Identification Number listed in Block 4 appears to be invalid. An FEI number is comprised of nine digits and it is not the same as your Social Security number. Please amend your document accordingly. For more information about the FEI number, please call the Internal Revenue Service at 1-800-829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/ms

ANNUAL REPORTS SECTION