

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000058157

Entity Name: TOPSPIN, LLC

FILED  
Apr 24, 2006  
Secretary of State

**Current Principal Place of Business:**

14651 PALM BEACH BLVD., SUITE 101  
FORT MYERS, FL 33905

**New Principal Place of Business:**

14651 PALM BEACH BLVD.,  
SUITE 101  
FORT MYERS, FL 33905 US

**Current Mailing Address:**

14651 PALM BEACH BLVD., SUITE 101  
FORT MYERS, FL 33905

**New Mailing Address:**

14651 PALM BEACH BLVD., SUITE 101  
FORT MYERS, FL 33905 US

FEI Number: 20-3783756

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHERRY, MARKUS  
14651 PALM BEACH BLVD., SUITE 101  
FORT MYERS, FL 33905 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MR ( ) Change (X) Addition  
Name: SHERRY, MARKUS MGR PAR  
Address: 14651 PALM BEACH BLVD, SUITE 101  
City-St-Zip: FORT MYERS, FL 33905 US

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: MARKUS SHERRY

MR

04/24/2006

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