

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000060565

Entity Name: SCULPTORS, LLC

FILED  
Mar 10, 2006  
Secretary of State

**Current Principal Place of Business:**

3219 TYRONNE BOULEVARD  
ST. PETERSBURG, FL 33710 US

**New Principal Place of Business:**

**Current Mailing Address:**

3219 TYRONNE BOULEVARD  
ST. PETERSBURG, FL 33710 US

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

MARSHLACK, DAN  
3219 TYRONNE BOULEVARD  
ST. PETERSBURG, FL 33710 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: MGRM ( ) Delete  
Name: MARSHLACK, DAN  
Address: 3219 TYRONNE BOULEVARD  
City-St-Zip: ST. PETERSBURG, FL 33710

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MARSHLACK, DAN  
Address: 825 CAPRI BLVD,  
City-St-Zip: TREASURE ISLAND, FL 33706

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: DAN MARSHLACK

PRES

03/10/2006

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