

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000061011

Entity Name: EXECUTIVE TONER, LLC

FILED
Mar 23, 2006
Secretary of State

Current Principal Place of Business:

2385 EXECUTIVE CENTER DRIVE
SUITE 190
BOCA RATON, FL 33431

New Principal Place of Business:

1160 S. ROGERS CIRCLE
SUITE 2
BOCA RATON, FL 33487

Current Mailing Address:

2385 EXECUTIVE CENTER DRIVE
SUITE 190
BOCA RATON, FL 33431

New Mailing Address:

1160 S. ROGERS CIRCLE
SUITE 2
BOCA RATON, FL 33487

FEI Number: 20-3127932

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOLOMON, MARC I
2385 EXECUTIVE CENTER DRIVE
SUITE 190
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

SOLOMON, MARC I
1160 S. ROGERS CIRCLE
SUITE 2
BOCA RATON, FL 33487 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: MARC I. SOLOMON

03/23/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RUSOFF, ELLIOT
Address: 106 LA VIDA COUT
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: MGRM () Delete
Name: STRIKOWSKI, DANIEL
Address: 106 LA VIDA COURT
City-St-Zip: PALM BEACH GADENS, FL 33418

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ELLIOT RUSOFF

MGRM

03/23/2006

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