

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000063838

Entity Name
1495 66TH ST. N., LLC



FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90019 035 ****50.00

Principal Place of Business
802 2ND STREET NORTH
SUITE A
SAFETY HARBOR, FL 34695

Mailing Address
802 2ND STREET NORTH
SUITE A
SAFETY HARBOR, FL 34695



2. Principal Place of Business		3. Mailing Address		04282006 Chg-LLC CR2E083 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 20-3081839	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SHEFMAN, MARGA 802 2ND STREET NORTH SUITE A SAFETY HARBOR, FL 34695				Name Clide Forte Street Address (P.O. Box Number is Not Acceptable) 11495 66th St City Largo FL Zip Code 33773	
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 <i>Clide Forte</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE 4/30/06	
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	MGRM REAL ESTATE EXCHANGE SERVICES, INC. 802 2ND STREET NORTH SAFETY HARBOR, FL 34695 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Clide M. Forte 11495 66th St Largo FL 33773 <input checked="" 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
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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 608, Florida Statutes.

SIGNATURE: *Clide M. Forte* 4/30/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #