


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90148 045 ****55.00

DOCUMENT # L05000064581	
1. Entity Name BROOK'S BITCHIN' HARDWOOD, LLC	

Principal Place of Business 3614 POINSETTIA DRIVE WEST PALM BEACH, FL 33407	Mailing Address 3614 POINSETTIA DRIVE WEST PALM BEACH, FL 33407
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

	
01312006 Chg-LLC	CR2E083 (11/05)
4. FEI Number 20-3121462	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	
KONDOR, BROOK D 3614 POINSETTIA DRIVE WEST PALM BEACH, FL 33407	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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	DATE
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KONDOR, BROOK D 3614 POINSETTIA DRIVE WEST PALM BEACH, FL 33407 <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: <u>Brook Kondor</u>	Date: <u>2/1/06</u> Daytime Phone # <u>(561) 876-2676</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	