


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 25, 2006 8:00 am**  
**Secretary of State**

07-25-2006 90084 014 \*\*\*\*50.00

<b>DOCUMENT # L05000065582</b> 1. Entity Name <b>SYBIL'S, LLC</b>			
Principal Place of Business <b>7061 GRAND NATIONAL DRIVE</b> <b>SUITE 125</b> <b>ORLANDO, FL 32819 US</b>		Mailing Address <b>7061 GRAND NATIONAL DRIVE</b> <b>SUITE 125</b> <b>ORLANDO, FL 32819 US</b>	
2. Principal Place of Business <b>7724 W. SANDLAK RD</b> Suite, Apt. #, etc. <b>ORLANDO</b> City & State <b>FLORIDA</b> Zip <b>32819</b>		3. Mailing Address <b>7724 W SANDLAK RD</b> Suite, Apt. #, etc. <b>ORLANDO FLORIDA</b> City & State <b>FLORIDA</b> Zip <b>32819</b>	
4. FEI Number <b>42-1673278</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>TILLEY, ALAN O</b> <b>7061 GRAND NATIONAL DRIVE</b> <b>SUITE 124</b> <b>ORLANDO, FL 32819</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<b>Filing Fee is \$50.00</b> <b>Due by September 6, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WOODHOUSE, SYBIL D 7061 GRAND NATIONAL DRIVE, SUITE 125 ORLANDO, FL 32819	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SYBIL WOODHOUSE 7724 W SANDLAK RD ORLANDO FL 32819	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>Woodhouse</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date: <u>18 July 06</u> <small>Daytime Phone #</small>	