

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000072044

Entity Name: FABULOUS FORTIES LLC

FILED  
Jan 10, 2006  
Secretary of State

**Current Principal Place of Business:**

1499 S MCCALL RD  
ENGLEWOOD, FL 34223

**New Principal Place of Business:**

**Current Mailing Address:**

1499 S MCCALL RD  
ENGLEWOOD, FL 34223

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CONTI, KRISTEN D  
1499 S MCCALL RD  
ENGLEWOOD, FL 34223 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: CONTI, KRISTEN D  
Address: 1499 S MCCALL RD  
City-St-Zip: ENGLEWOOD, FL 34223

Title: MGR ( ) Delete  
Name: WINKLER, THOMAS J  
Address: 2516 QUAIL TERRACE  
City-St-Zip: PORT CHARLOTTE, FL 33981

**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: KRISTEN D CONTI

MGRM

01/10/2006

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