

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000073768

FILED  
Mar 30, 2006  
Secretary of State

Entity Name: LORELEI ASSOCIATES LLC

**Current Principal Place of Business:**

PO BOX 489  
ISLAMORADA, FL 33036

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 489  
ISLAMORADA, FL 33036

**New Mailing Address:**

FEI Number: 20-3212122

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

LINDBACK, CARL E III  
82539 OLD HIGHWAY  
ISLAMORADA, FL 33036 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: LINDBACK, CARL E III  
Address: PO BOX 489  
City-St-Zip: ISLAMORADA, FL 33036

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: MGRM ( ) Change (X) Addition  
Name: FILLICHIO, BENEDICT J  
Address: 11431 NW 18TH STREET  
City-St-Zip: PLANTATION, FL 33323

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: CARL E. LINDBACK, III

MGRM

03/30/2006

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