

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000075936

FILED  
Aug 25, 2006  
Secretary of State

Entity Name: MARKETS UNLOCKED FLORIDA LLC

**Current Principal Place of Business:**

6315 45TH ST  
VERO BEACH, FL 32967 FL

**New Principal Place of Business:**

**Current Mailing Address:**

6315 45TH ST  
VERO BEACH, FL 32967 FL

**New Mailing Address:**

PO BOX 633  
VERO BEACH, FL 32961 FL

FEI Number: 20-3854884      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

HJALMEBY, EMMA T  
6315 45TH ST.  
VERO BEACH, FL 32967 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: MGR ( ) Delete  
Name: HJALMEBY, EMMA T  
Address: 6315 45TH ST  
City-St-Zip: VERO BEACH, FL 32967 US

Title: MGRM ( ) Delete  
Name: HJALMEBY, PETER B  
Address: 6315 45TH ST.  
City-St-Zip: VERO BEACH, FL 32967 US

**ADDITIONS/CHANGES:**

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

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

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: EMMA T. HJALMEBY

MGR

08/25/2006

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