

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90080 017 ****50.00

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|---|---|---------------------------|--|--|--|
| DOCUMENT # L05000077759 | | | | | |
| 1. Entity Name AWARD ENTERPRISES LLC | | | | | |
| Principal Place of Business 1601 NE 17TH TERRACE FT. LAUDERDALE, FL 33305 | | | Mailing Address 1601 NE 17TH TERRACE FT. LAUDERDALE, FL 33305 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 20-3334237 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| A1A REGISTERED AGENT INC. 92 SADBERRY ROAD QUINCY, FL 32351 | | | | Name <u>Tom Runyan Law Firm, P.A.</u> Street Address (P.O. Box Number is Not Acceptable) <u>Tom Runyan, Esq.</u> <u>3102 SW 14th St</u> City <u>FT. Lauderdale</u> FL Zip Code <u>33312</u> | |
| 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 <u>Thomas E. Runyan, Jr., Esq.</u> <small>Signature, typed or printed name of registered agent and use if applicable</small> | | | | DATE <u>1-23-06</u> <small>(NOTE: Registered Agent signature required when installing)</small> | |
| 9. MANAGING MEMBERS/MANAGERS | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM WARD, PAUL J 1601 NE 17TH TERRACE FT. LAUDERDALE, FL 33305 <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GLENN, SUSIE 1601 NE 17TH TERRACE FT. LAUDERDALE, FL 33305 <input checked="" type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| 10. ADDITIONS/CHANGES | | | | | |
| <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 606, Florida Statutes. | | | | | |
| SIGNATURE: <u>Paul J. Ward</u> <u>PAUL J. WARD</u> <u>1/24/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |