

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000080919

FILED
Apr 27, 2006
Secretary of State

Entity Name: SORRELL MANAGEMENT ENTERPRISE, LLC

Current Principal Place of Business:

1531 NORTH DREXEL ROAD
LOT # 237
WEST PALM BEACH, FL 33417 US

New Principal Place of Business:

Current Mailing Address:

1531 NORTH DREXEL ROAD
LOT # 237
WEST PALM BEACH, FL 33417 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SORRELL, ANN MARIE
1531 NORTH DREXEL ROAD
LOT # 237
WEST PALM BEACH, FL 33417 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: SORRELL, ANN MARIE
Address: 1531 NORTH DREXEL ROAD LOT 237
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: MGRM () Delete
Name: HOLNESS, DOREEN
Address: 1531 NORTH DREXEL ROAD LOT 237
City-St-Zip: WEST PALM BEACH, FL 33417 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SORRELL, ANN MARIE
Address: 1531 NORTH DREXEL ROAD # 237
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: MGRM (X) Change () Addition
Name: HOLNESS, DOREEN
Address: 1531 NORTH DREXEL ROAD # 237
City-St-Zip: WEST PALM BEACH, FL 33417 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: ANN MARIE SORRELL MGRM 04/27/2006

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