2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 21, 2006
Secretary of State

DOCUMENT# L05000085072

Entity Name: LIQUOR 4 LESS, LC

Current Principal Place of Business:

5301 HAINES ROAD
ST. PETERSBURG, FL 33714

New Principal Place of Business:

Current Mailing Address:

2550 54TH AVENUE NORTH
ST. PETERSBURG, FL 33714

New Mailing Address:

5301 HAINES ROAD N.
ST. PETERSBURG, FL 33714

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

Name and Address of Current Registered Agent:

VAN SCHAIK, WALTER TR.
2550 54TH AVENUE NORTH
ST. PETERSBURG, FL 33714 US

Name and Address of New Registered Agent:

VAN SCHAIK, WALTER TR.
5301 HAINES ROAD N.
ST. PETERSBURG, FL 33714 US

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: 01/21/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: VAN SCHAIK, WALTER TR.
Address: 2550 54TH AVE. N.
City-St-Zip: ST. PETERSBURG, FL 33714

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: VAN SCHAIK, WALTER TR.
Address: 5301 HAINES ROAD N.
City-St-Zip: ST. PETERSBURG, FL 33714

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: WALTER VAN SCHAIK, TR. MNGM 01/21/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date