

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000085224

Entity Name: BACKTEE HOLDINGS, LLC

FILED  
Feb 13, 2006  
Secretary of State

**Current Principal Place of Business:**

11104 GREEN BAYBERRY DRIVE  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

11104 GREEN BAYBERRY DRIVE  
PALM BEACH GARDENS, FL 33418

**Current Mailing Address:**

11104 GREEN BAYBERRY DRIVE  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

11104 GREEN BAYBERRY DRIVE  
PALM BEACH GARDENS, FL 33418

FEI Number: 20-3378347

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SURESH, RAJAMANIKAM  
8198 JOG ROAD  
#102B  
BOYNTON BEACH, FL 33437 US

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

RAJAMANICKAM, SURESH  
1395 STATE ROAD #7  
#350  
WELLINGTON, FL 33414 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: SURESH RAJAMANICKAM

02/13/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: RAJAMANIKAM, SURESH  
Address: 8198 JOG ROAD #102B  
City-St-Zip: BOYNTON BEACH, FL 33437

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: RAJAMANICKAM, SURESH  
Address: 1395 STATE RD #7, SUITE 350  
City-St-Zip: WELLINGTON, FL 33414

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: SURESH RAJAMANICKAM

MGMR

02/13/2006

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