

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90180 019 ****50.00

DOCUMENT # L05000086041

1. Entity Name
ACTIVE LICENSING GROUP LLC



Principal Place of Business
**1515 N. FEDERAL HIGHWAY, SUITE 206
BOCA RATON, FL 33432**

Mailing Address
**1515 N. FEDERAL HIGHWAY, SUITE 206
BOCA RATON, FL 33432**

20009608



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02072006 Chg-LLC CR2E083 (11/05)

4. FEI Number

65-1258918

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
526 EAST PARK AVE.
TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

Name

Wilborn, Donald R.

Street Address (P.O. Box Number is Not Acceptable)

1515 N. Federal Highway, Suite 206

City

Boca Raton

FL

Zip Code

33432

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

02/07/06

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **Chairman / CEO** ☐ Delete
NAME **Campbell, Robert B.**
STREET ADDRESS **1515 N. Federal Highway, Suite 206**
CITY-ST-ZIP **Boca Raton, FL 33432**

TITLE **President / CFO** ☐ Delete
NAME **Wilborn, Donald R.**
STREET ADDRESS **1515 N. Federal Highway, Suite 206**
CITY-ST-ZIP **Boca Raton, FL 33432**

TITLE **Vice President** ☐ Delete
NAME **Lee, Donald**
STREET ADDRESS **1515 N. Federal Highway, Suite 206**
CITY-ST-ZIP **Boca Raton, FL 33432**

TITLE **Vice President** ☐ Delete
NAME **McLeod, Tracey**
STREET ADDRESS **1515 N. Federal Highway, Suite 206**
CITY-ST-ZIP **Boca Raton, FL 33432**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

02/07/06

Date

(561) 417-7474

Daytime Phone #