## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## DOCUMENT # L05000087335



## FILED Apr 13, 2006 8:00 am Secretary of State

1. Entity Nam PRINCET(	ON STREET, LLC			03-2	27-2006 90052 00	)4 ****51	0.00
•	e of Business	Mailing Address					
1936 MORRILL STREET SARASOTA FL 34236		1936 MORRILL STREET SARASOTA FL 34236		1 (88) (122 6) ( 89) (1	Citri Corii Coin Coin Ocive (Uni ivi	888 44188 ATTRI ATT	181) Et Eta)
Principal P	Place of Business	3. Mailing Address	-				
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E083 (10/05)			
City & State		City & State		4. FEI Number 420	316	<u> </u>	plied For at Applicable
Zip	Country	Zip	Country	5. Certificate of Status		5.00 Add	
	6. Name and Address of Current	Registered Agent	-1	7. Name and Addres	s of New Registered A	<u> </u>	-
				Name			
SABA, RICHARD D ATTORNE SABA & KING, LLP 2033 MAIN STREET, SUITE 303			Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
SAF	RASOTA FL 34237		City		FL	Zip Cod	е
	Squake a, typed or present name of requirest agent of	FILE	OTE Registered Agent signature req NOW!!! FEE IS \$50.0		DATE		
9.			ble to Florida Departi ue By May 1, 2006	ment of State			
٠.	MANAGING MEMBE	Di	ue By May 1, 2006 -		DOITIONS/CHANGES		
TITLE	MANAGING MEMBE	RS/MANAGERS			DDITIONS/CHANGES	Change	☐ Addition
	MANAGING MEMBE MGRM FLETCHER, ROBERT J	Di	ue By May 1, 2006 -			☐ Change	☐ Addition
vame Street address	MGRM FLETCHER, ROBERT J	RS/MANAGERS	10. THE			☐ Change	Addition
NAME STREET ADDRESS CXTY+SI+ZEP	MGRM FLETCHER, ROBERT J 1936 MORRILL STREET	RS/MANAGERS	10.  TITLE  NAME  STREFT ADDRESS			☐ Change	☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 fimited liability company or the receiver or trusted projections in the report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: 3/15/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Detete