


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2006 8:00 am
Secretary of State

03-02-2006 90137 039 ****50.00

DOCUMENT # L05000099570					
1. Entity Name ARCHANGEL, LLC					
Principal Place of Business 2812 SANTA MONICA BLVD., #204 SANTA MONICA, CA 90404			Mailing Address 2812 SANTA MONICA BLVD., #204 SANTA MONICA, CA 90404		
2. Principal Place of Business 1418 Valley Pine Cir. Suite, Apt. #, etc.		3. Mailing Address 11755 SLANSON Ave #4 Suite, Apt. #, etc. #4		20012262 	
City & State APOKA		City & State SANTA FE SPRINGS, CA		4. FEI Number 51-0555-950	
Zip 32712		Zip 90670		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name: Leigh Hudnall Street Address (P.O. Box Number is Not Acceptable): 1418 VALLEY PINE CIR City: APOKA FL Zip Code: 32712		
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: <u>Leigh Hudnall</u> DATE: <u>2/21/6</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LUNDQUIST, MARK 2812 SANTA MONICA BLVD., #204 SANTA MONICA, CA 90404	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	11755 SLANSON Ave #4 SANTA FE SPRINGS CA 90670
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HUDNALL, LEIGH 14005 PAZAWAN WAY #218 MARINE DEL REY, CA 90292	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LUNDQUIST, MARK 2812 SANTA MONICA BLVD., #204 SANTA MONICA, CA 90404	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HUDNALL, LEIGH 14005 PAZAWAN WAY #218 MARINE DEL REY, CA 90292	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LUNDQUIST, MARK 2812 SANTA MONICA BLVD., #204 SANTA MONICA, CA 90404	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>MARK LUNDQUIST</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: <u>2/21/6</u> Daytime Phone #: <u>310-717-6611</u>		