


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (ALR)

**FILED**  
**Jun 19, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90040 026 \*\*\*\*50.00

<b>DOCUMENT # L05000100986</b> 1. Entity Name <b>GARLICK-PANDULLO, LLC</b>					
Principal Place of Business <b>48 AVENUE D APALACHICOLA FL 32329</b>				Mailing Address <b>PO BOX 385 NORTHFIELD NJ 08225</b>	
2. Principal Place of Business		3. Mailing Address <b>E/o Lucille Pandullo</b> <b>2312 New Road</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>Northfield, New Jersey</b>		4. FEI Number <b>76-0802757</b>	
Zip <b>08225</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>STUDSTILL, CLAYTON B 48 AVENUE D APALACHICOLA FL 32329</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when necessary) DATE _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2006</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Managing Member</b> <b>GARLICK, DAN</b> <b>48 AVENUE D</b> <b>APALACHICOLA FL 32329</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Managing Member</b> <b>Lucille Jacovelli-Pandullo</b> <b>2312 New Road</b> <b>Northfield, NJ 08225</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE <u>Lucille Jacovelli-Pandullo</u> <b>Managing Member</b> <b>4-24-06</b> <b>609-641-8787</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					