


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90007 031 ****55.00

DOCUMENT # L05000101825 1. Entity Name RESTLET GROUP, LLC					
Principal Place of Business 16299 MIRASOL WAY DELRAY BEACH, FL 33446			Mailing Address 16299 MIRASOL WAY DELRAY BEACH, FL 33446		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 22-3749814	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BLOCH, STUART E 980 NORTH FEDERAL HIGHWAY, SUITE 412 BOCA RATON, FL 33432				7. Name and Address of New Registered Agent Name EDWARD TELTSEK Street Address (P.O. Box Number is Not Acceptable) 16299 MIRASOL WAY City DELRAY BEACH FL Zip Code 33446	
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>Edward Teltssek</u> DATE <u>2/24/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</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 TELTSER, EDWARD 16299 MIRASOL WAY DELRAY BEACH, FL 33446	<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	MGR TELTSER, BERNICE 16299 MIRASOL WAY DELRAY BEACH, FL 33446	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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>Edward Teltssek</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<u>2/24/06</u> <small>Date</small>	
				<small>Daytime Phone #</small>	