

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000103893

FILED  
May 01, 2006  
Secretary of State

Entity Name: TIM REARDON LLC

**Current Principal Place of Business:**

11607 SOUTHWEST 90 TERRACE  
MIAMI, FL 33176

**New Principal Place of Business:**

520 WEST AVE., #1904  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

11607 SOUTHWEST 90 TERRACE  
MIAMI, FL 33176

**New Mailing Address:**

520 WEST AVE., #1904  
MIAMI BEACH, FL 33139

FEI Number: 20-3712875      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

REARDON, TIM  
520 WEST AVE., #1904  
MIAMI, FL 33139 US

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.

SIGNATURE: TIM REARDON

05/01/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: REARDON, TIMOTHY  
Address: 11607 SOUTHWEST 90 TERRACE  
City-St-Zip: MIAMI, FL 33176

Title: ST ( ) Delete  
Name: REARDON, TIMOTHY  
Address: 11607 SOUTHWEST 90 TERRACE  
City-St-Zip: MIAMI, FL 33176

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: REARDON, TIM  
Address: 520 WEST AVE., #1904  
City-St-Zip: MIAMI BEACH, FL 33139

Title: ST (X) Change ( ) Addition  
Name: REARDON, TIM  
Address: 520 WEST AVE., #1904  
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TIM REARDON

MNP

05/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date