

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 31, 2006 8:00 am**  
**Secretary of State**

01-31-2006 90026 034 \*\*\*\*50.00

**DOCUMENT # L05000103932**

1. Entity Name  
F AND G 11, L.L.C.



Principal Place of Business  
11 VILLAGE LANE  
PALM COAST, FL 32164

Mailing Address  
11 VILLAGE LANE  
PALM COAST, FL 32164

**20004217**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01272006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number  
**02-0755514**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHIUMENTO, MICHAEL D III  
4 OLD KINGS ROAD NORTH SUITE B  
PALM COAST, FL 32137

Name **Kenneth Fisher**

Street Address (P.O. Box Number is Not Acceptable)  
**11 Village Lane**

City **Palm Coast**

FL

Zip Code  
**32164**

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

*Kenneth Fisher*

**KENNETH FISHER**

**1/27/2006**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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  
MGRM  
FISHER, KENNETH  
11 VILLAGE LANE  
PALM COAST, FL 32164 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
GILL, JOHN DAVID  
23 LAKE ROAD  
WAYNE, NJ 07420 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Change ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

ATTACHMENT

20004217

LO5000103932

***Kenneth Fisher***

11 Village Lane

Palm Coast, FL 32164

(386) 447-5442 (Voice) ♦ (973)-215-2645 (Fax) Thanx dad@Bellsouth.net (E-Mail)

**Friday, January 27, 2006**

Division of Corporations

PO Box 6478

Tallahassee, FL 32314