


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90045 035 ****50.00

DOCUMENT # L05000106040	
1. Entity Name STANDING OVATIONS, LLC	

Principal Place of Business 1025 SUNSET ROAD WEST PALM BEACH, FL 33401 PB	Mailing Address 1025 SUNSET ROAD WEST PALM BEACH, FL 33401 PB
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01102006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent	
AUVILLE, STEWART A 1025 SUNSET ROAD WEST PALM BEACH, FL 33401- PB	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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 <u>STEWART AUVILLE, PRESIDENT</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<u>3/25/06</u> <small>DATE</small>

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
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
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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

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>DONALD CARLWISTE, MGR</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<u>3/25/06</u> <small>DATE</small>

561-659-2484