


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90071 016 \*\*\*\*55.00

**DOCUMENT # L05000108439**

1. Entity Name  
**SEVENTY-THIRTY, LLC**



Principal Place of Business  
**540 S. BANANA RIVER DRIVE #106 MERRITT ISLAND, FL 32952**

Mailing Address  
**540 S. BANANA RIVER DRIVE #106 MERRITT ISLAND, FL 32952**

**20041099**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04262006 Chg-LLC CR2E083 (11/05)

City & State

4. FEI Number  
**20-3782737**

Applied For  
 Not Applicable

City & State

Zip Country

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

**6. Name and Address of Current Registered Agent**

**MCPHILLIPS, MICHAEL**  
**540 S. BANANA RIVER DRIVE #106**  
**MERRITT ISLAND, FL 32952**

**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 \_\_\_\_\_ (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**

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MCPHILLIPS, MICHAEL	
STREET ADDRESS	1575 WORLEY AVENUE	
CITY - ST - ZIP	MERRITT ISLAND, FL 32952	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	DERISO, JAMES A	
STREET ADDRESS	1420 S. BANANA RIVER DRIVE	
CITY - ST - ZIP	MERRITT ISLAND, FL 32952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**10. ADDITIONS / CHANGES**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:** Michael McPhoy **4/27/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #