

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


**FILED**  
**Jun 22, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90019 032 \*\*\*\*50.00

30010938



04232006 Chg-LLC CR2E083 (11/05)

<b>DOCUMENT # L05000112185</b>					
1. Entity Name SPONGEORAMA'S SPONGE FACTORY, LLC					
Principal Place of Business 521 ATHENS STREET TARPON SPRINGS, FL 34689			Mailing Address 521 ATHENS STREET TARPON SPRINGS, FL 34689		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-3820769	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  DRIS, MICHAEL E ESQ. 29 NORTH PINELLAS AVE. TARPON SPRINGS, FL 34689				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 reappointing)					
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	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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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:** Nami Kitsos 4/28/06 727-365-8793  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #