

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jun 06, 2006 8:00 am
Secretary of State

05-03-2006 90035 027 ****50.00

DOCUMENT # L05000113435 1. Entity Name PRINCESS HOLDINGS, LLC					
Principal Place of Business 27 NORTH SUMMERLIN AVENUE ORLANDO, FL 32801 US			Mailing Address 27 NORTH SUMMERLIN AVENUE ORLANDO, FL 32801 US		
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 20-3970767			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			02022006 Chg-LLC CR2E083 (11/05)		
6. Name and Address of Current Registered Agent STONE, STEPHEN M 725 NORTH MAGNOLIA AVENUE ORLANDO, FL 32803			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
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	MGRM <input type="checkbox"/> Delete RIA LUTHRA TRUST DATED MAY 3, 2001 27 NORTH SUMMERLIN AVENUE ORLANDO, FL 32801		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Jill Bechtold	
STREET ADDRESS			STREET ADDRESS	221 Romano Avenue	
CITY-ST-ZIP			CITY-ST-ZIP	Coral Gables FL 33134	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>R. K. Luthra</i> MGR			4/28/06 649 9888		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		

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