


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 13, 2006 8:00 am
Secretary of State

07-13-2006 90079 044 ***150.00

DOCUMENT # L05000114238 1. Entity Name MOCKINGBIRD G ARTY LLC	
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Principal Place of Business 1621 MOCKINGBIRD LANE LAKELAND, FL 33801 US	Mailing Address 2415 CLEVELAND HEIGHTS BLVD. LAKELAND, FL 33803 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



07062006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3959970	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ARTY, GATE 2415 CLEVELAND HEIGHTS BLVD. LAKELAND, FL 33803	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARTY, GATE 2415 CLEVELAND HEIGHTS BLVD. LAKELAND, FL 33803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

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

Date

Daytime Phone #

7/10/06 863 529 3222

ALA Authorized Paratax Inc. ATTACHMENT



20048581

2210 South Florida Ave.
Lakeland, FL 33805
MAIL: PO Box 7076, Lakeland, FL 33807-7076
863-687-6154 cell: 863-604-6174 Fax: 802-106
TJC180@msn.com

July 6, 2006

Division of Corporations
PO Box 6198
Tallahassee, FL 32314

RE: Mockingbird G Arty LO 5000 114 238

Dear Sirs/Madams:

I am enclosing the UBR for 2006 for the above listed corporation. The taxpayer did not receive the notice in the mail.

I am enclosing the check in the amount of \$150.00 and requesting that you abate the late penalty.

Thank you,

Jeannie

Jeannie Chodazack
Accounts Manager

Cc: Gate Arty