

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000116345

FILED  
Mar 19, 2006  
Secretary of State

Entity Name: SQUEEKS, LLC

**Current Principal Place of Business:**

6278 N. FEDERAL HWY #101  
FT LAUDERDALE, FL 333081916

**New Principal Place of Business:**

**Current Mailing Address:**

6278 N. FEDERAL HWY #101  
FT LAUDERDALE, FL 333081916

**New Mailing Address:**

6278 N. FEDERAL HWY.  
#101  
FT LAUDERDALE, FL 33308 191 US

FEI Number: 20-4227909

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

COLUCCI, LISAMARIE  
6278 N FEDERAL HWY #101  
FT LAUDERDALE, FL 333081916 US

**Name and Address of New Registered Agent:**

COLUCCI, LISAMARIE  
6278 N FEDERAL HWY.  
#101  
FT LAUDERDALE, FL 333081916 US

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.

SIGNATURE: LISAMARIE COLUCCI

03/19/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: COLUCCI, LISAMARIE  
Address: 6278 N. FEDERAL HWY #101  
City-St-Zip: FT LAUDERDALE, FL 333081916

Title: MGRM (X) Delete  
Name: D'AMICO, JOAN  
Address: 6278 N. FEDERAL HWY #101  
City-St-Zip: FT LAUDERDALE, FL 333081916

Title: MGRM (X) Delete  
Name: COLUCCI, CHRISTOPHER  
Address: 6278 N. FEDERAL HWY #101  
City-St-Zip: FT LAUDERDALE, FL 333081916

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LISAMARIE COLUCCI

MGR

03/19/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date