

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000116481

Entity Name: A.G.E. ENTERPRISES, LLC

FILED
Apr 25, 2006
Secretary of State

Current Principal Place of Business:

3500 45TH STREET SUITE 12
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

3500 45TH STREET SUITE 12
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 20-3936606

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVINSON, ABRAHAM
3500 45TH STREET SUITE 12
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LEVINSON, ABRAHAM
Address: 3500 45TH STREET SUITE 12
City-St-Zip: WEST PALM BEACH, FL 33407

Title: MGRM () Delete
Name: KLEIN, GABRIEL
Address: 3500 45TH STREET SUITE 12
City-St-Zip: WEST PALM BEACH, FL 33407

Title: MGRM () Delete
Name: NANNINI, EMILIO
Address: 3500 45TH STREET SUITE 12
City-St-Zip: WEST PALM BEACH, FL 33407

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: ABRAHAM LEVINSON

MGRM

04/25/2006

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