


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 11, 2006 8:00 am**  
**Secretary of State**

08-11-2006 90090 016 \*\*\*\*50.00

<b>DOCUMENT # L05000119994</b> 1. Entity Name <b>CONSCIOUS GOODS CARAVAN LLC</b>					
Principal Place of Business <b>13225 BISCAYNE ISLAND TERRACE NORTH MIAMI, FL 33181 US</b>			Mailing Address <b>13225 BISCAYNE ISLAND TERRACE NORTH MIAMI, FL 33181 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>20-4196318</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BROOKS, NORMAN 13225 BISCAYNE ISLAND TERRACE NORTH MIAMI, FL 33181</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, NORMAN			NAME	
STREET ADDRESS	13225 BISCAYNE ISLAND TERRACE			STREET ADDRESS	
CITY - ST - ZIP	NORTH MIAMI, FL 33181			CITY - ST - ZIP	
TITLE	MGRM <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, STEPHEN			NAME	
STREET ADDRESS	13225 BISCAYNE ISLAND TERRACE			STREET ADDRESS	
CITY - ST - ZIP	NORTH MIAMI, FL 33181			CITY - ST - ZIP	
TITLE	MGRM <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAIDMAN, ZACHARY			NAME	
STREET ADDRESS	2002 ADDISON STREET STE 20			STREET ADDRESS	
CITY - ST - ZIP	BERKELEY, CA 94704			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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
				<small>Date</small> _____ <small>Daytime Phone #</small> _____	