

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000121089

Entity Name: GHOST TOWN GHOST, LLC

FILED  
Feb 06, 2006  
Secretary of State

**Current Principal Place of Business:**

47 NORTH KROME AVENUE  
HOMESTEAD, FL 33030

**New Principal Place of Business:**

**Current Mailing Address:**

47 NORTH KROME AVENUE  
HOMESTEAD, FL 33030

**New Mailing Address:**

FEI Number: 20-3970831

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

MARCUS, MICHAEL J  
317 NORTH KROME AVENUE  
HOMESTEAD, FL 33030 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: MGR ( ) Delete  
Name: SHIVER, STEVE  
Address: 47 NORTH KROME AVENUE  
City-St-Zip: HOMESTEAD, FL 33030

Title: MGR ( ) Delete  
Name: HARPER, ALLEN C  
Address: 1360 SOUTH DIXIE HIGHWAY  
City-St-Zip: CORAL GABLES, FL 33146

**ADDITIONS/CHANGES:**

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: STEVE SHIVER

MGR

02/06/2006

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