

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

02-22-2006 90128 001 ***200.00

DOCUMENT # L05000122253 1. Entity Name FUTURE CONNECTION HOLDING LLC					
Principal Place of Business 1777 NW 79 AVENUE MIAMI, FL 33126			Mailing Address 1777 NW 79 AVENUE MIAMI, FL 33126		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		02142006 Chg-LLC CR2E083 (11/05)	
Zip Country		Zip Country		4. FEI Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">20-3988346</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 10px;"> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent ORSHAN, ROBERT 150 ALHAMBRA CIRCLE 1150 CORAL GABLES, FL 33134	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ORSHAN, DAVID 1777 NW 79 AVENUE MIAMI, FL 33126	<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	MGR YOUNG, RAYMOND 1777 NW 79 AVENUE MIAMI, FL 33126	<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	<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	<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	<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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<div style="text-align: right;"> 2/16/06 305-640-0293 <small>Date Daytime Phone #</small> </div>	



ATTACHMENT

30002518

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 24, 2006

FUTURE CONNECTION HOLDING LLC
1777 NW 79 AVENUE
MIAMI, FL 33126

Subject: FUTURE CONNECTION HOLDING LLC

Reference Number: L05000122253

Please be advised, we have received your annual report/uniform business report and check(s) totaling \$200.00 of which \$50.00 has been designated to file this report. However, the enclosed annual report/uniform business report **has not been filed** and a copy is being returned to you for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE

ANNUAL REPORTS SECTION

ATTACHMENT

30002518
L05000122253

Bill Payment Stub

Check Date: 2/15/2006

Check No.: 5236

Check Amount: 200.00

Future Connections, LLC
1777 N.W. 79th Avenue
Miami, FL 33126

Paid To: Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314

Date	Type	Reference	Original Amt.	Balance	Discount	Payment
2/1/2006	Bill	L05000122262 - 2006	50.00	50.00		50.00
2/1/2006	Bill	L05000122256 - 2006	50.00	50.00		50.00
2/1/2006	Bill	L05000122253 - 2006	50.00	50.00		50.00
2/1/2006	Bill	L05000122255 - 2006	50.00	50.00		50.00

Check Amount

200.00