

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90177 018 ****50.00

DOCUMENT # L05000122456					
1. Entity Name LIVERPOOL ASSEMBLAGE, LLC					
Principal Place of Business 99 NESBIT STREET PUNTA GORDA, FL 33950			Mailing Address % JACK O. HACKETT II/FARR, FARR, ET AL PA 99 NESBIT STREET PUNTA GORDA, FL 33950		
2. Principal Place of Business		3. Mailing Address P.O. Box 511238			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		Punta Gorda FL			
Zip	Country	Zip 33951-1238	Country	02102006 Chg-LLC CR2E083 (11/05)	
4. FEI Number				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HACKETT, JACK O II FARR, FARR, EMERICH, HACKETT AND CARR, PA 99 NESBIT STREET PUNTA GORDA, FL 33950			Name DAROL H. M. Carr Street Address (P.O. Box Number is Not Acceptable) 99 Nesbit Street City Punta Gorda FL Zip Code 33950		
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					
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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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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:			2-16-06 941-639-1158		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		