## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L96000000881**

1. Entity Name LOOMPY, L.C.



04-21-2006 90020 005 \*\*\*\*50.00

Apr 21, 2006 8:00 am Secretary of State

**FILED** 

Principal Place of Business

8200 N. WICKHAM RD. MELBOURNE, FL 32940 Mailing Address

P.O. BOX 372337

SATELLITE BEACH, FL 32937-0337



03312006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3394847

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BANAPOOR, SHAHROOZ 3660 TURTLEMOUND RD. MELBOURNE, FL 32934

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	e named entity submits this statement for the purpose of cha tions of registered agent.	nging its registered office or registered agent, or both, in the	State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
9.	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BANAPOOR, SHAHROOZ 3660 TURTLEMOUND ROAD MELBOURNE, FL 32934		·
TITLE			

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STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

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: SHAHROOZ BAND TO SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTAT

41106

321-777-7528 XIY

Daytime P