

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 21, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L98000001419  
 1. Entity Name  
 CANTERBURY ASSOCIATES L.C.



Principal Place of Business: C/O IDM MANAGEMENT INC. 1130B HALLENDALE BEACH BLVD HALLANDALE, FL 33009  
 Mailing Address: C/O IDM MANAGEMENT INC. 1130B HALLENDALE BEACH BLVD HALLANDALE, FL 33009



01172006 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: 65-0848368 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 ROBERTS, NORMAN T ESQ.  
 50 WEST MASHTA DRIVE, SUITE 2  
 KEY BISCAVAYNE, FL 33149

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8. The above named entity submits this statement for the purpose of changing its registered office of 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**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR IDM MANAGEMENT INC. 1130B HALLENDALE BEACH BLVD HALLANDALE, FL 33009
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 05/03/06-80079-007 50.00

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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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Norman T Roberts* *Phofos* *957A539028*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #