2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Sep 11, 2006 08:00 AN Secretary of State DOCUMENT # L99000005831 1. Entity Name BAINTON INDUSTRIES, L.L.C. Principal Place of Business Mailing Address 292 FAN PALM DRIVE C/O DON BAINTON 292 FAN PALM DRIVE C/O DON BAINTON BOCA RATON FL 33432 **BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt #, etc. 2nd MOORE CR2E083 (4/06) 4. FEI Number Applied For City & State City & State 65-0956405 Not Applicable \$5.00 Additional Zip Country Country Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BAINTON, DONALD J Street Address (P.O. Box Number is Not Acceptable) 292 FAN PALM DR **BOCA RATON FL 33432** Zip Code 6. 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 6, 2006 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM Addition Change TITLE ☐ Delete TITLE BAINTON, WILLIAM NAME NAME U00000578875 292 FAN PALM DRIVE STREET ADDRESS STREET ADDRESS 09/11/08-80005-001 50.00 **BOCA RATON FL 33432** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAM! NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY ST-7IP TITLE ☐ Oelete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TETLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAMI-NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 11. It 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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

9/1/06 561-361-1963 Date Dayme Phone:

FILED