

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90208 007 ****50.00

DOCUMENT # L99000006226

1. Entity Name
THE ULTIMATE CONNECTION, L.C.



Principal Place of Business
**18215 PAULSON DR.
PORT CHARLOTTE, FL 33954**

Mailing Address
**200 EAST VENICE AVENUE
VENICE, FL 33980**

00020034



03232006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0950738

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WALROND, ALAN L
200 EAST VENICE AVENUE
VENICE, FL 34285**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(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
**MGRM
SUN COAST MEDIA GROUP, INC.
200 EAST VENICE
VENICE, FL 34285**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
DUNN-RANKIN, DEREK
200 E VENICE AVE
VENICE, FL 34285**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
WALROND, ALAN L
200 E VENICE AVE
VENICE, FL 34285**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

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

Date

Daytime Phone #

Alan L. Walrond **Alan L. Walrond** 4-5-06 (941) 207-1600