2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000003409

Entity Name: XYLOPHONE, LLC

AMEN, GAIL

2385 EXECUTIVE CENTER DR # 290

BOCA RATON, FL 33431

Name:

Address:

City-St-Zip:

FILED May 01, 2006 Secretary of State

Current Principal Place of Business:		New Principal	New Principal Place of Business:	
C/O NGC // ATTN: GAIL AMEN 2385 EXECUTIVE CENTER DRIVE, #290 BOCA RATON, FL 33431			6400 PARK OF COMMERCE	
		#1 BOCA RATON,	#1 BOCA RATON, FL 33431	
Current Mailing Address:		New Mailing A	New Mailing Address:	
2385 EXE	// ATTN: GAIL AMEN CUTIVE CENTER DRIVE, #290 TON, FL 33431			
In accordan	: 32-0094601 FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the limited liability cor Address of Current Registered Agent:	· ·		
1201 HAYS TALLAHAS	ATION SERVICE COMPANY S STREET SSEE, FL 323012525 US named entity submits this statement for the p	purpose of changing its re	gistored office or registered agent, or bet	
	e of Florida.	ourpose or changing its re	gistered office of registered agent, or both	
SIGNATUR	RE:			
	Electronic Signature of Registered Age	ent	Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHAN	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () Delete WEXFORD EQUITIES, LL, C 714 STUART AVENUE MAMARONECK, NY 10543	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete SHELLZ, LLC, 2385 EXECUTIVE CENTER DR # 290 BOCA RATON, FL 33431	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete IVG EQUITIES LLC, 2385 EXECUTIVE CENTER DR #290 BOCA RATON, FL 33431	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete APRIL EQUITIES LLC, 803 WEST AVE ROCHESTER, NY 14611	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	MGR () Delete	Title: MG	MR (X) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Name:

Address:

City-St-Zip:

ROCK DEVELOPMENT, IN, C

1800 E. SARAH AVENUE #107

LAS VEGAS, NV 89104

SIGNATURE: GAIL AMEN MGMR 05/01/2006