

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # M03000003843

1. Entity Name  
LOST WEEKEND, LLC



Principal Place of Business  
10975 WHITCOMB STREET  
CROWN POINT, IN 46307

Mailing Address  
10975 WHITCOMB STREET  
CROWN POINT, IN 46307



03152006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>57-1186074 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|   |                                   |
|---|-----------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional<br>Fee Required |
|---|-----------------------------------|

**6. Name and Address of Current Registered Agent**

HOLTKAMP, ROGER  
3685 SEASIDE DRIVE  
KEY WEST, FL 33040

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$50.00  
Due by May 1, 2006

000000475165  
04/05/06-80004-020 50.00

**9. MANAGING MEMBERS/MANAGERS**

|                |                       |
|----------------|-----------------------|
| TITLE          | MGR                   |
| NAME           | BRYNER, JEFF          |
| STREET ADDRESS | 10975 WHITCOMB STREET |
| CITY-ST-ZIP    | CROWN POINT, IN 46307 |

|                |                       |
|----------------|-----------------------|
| TITLE          | MGR                   |
| NAME           | DESSAUER, JOHN        |
| STREET ADDRESS | 12243 S WILLIAMS CT   |
| CITY-ST-ZIP    | CROWN POINT, IN 46307 |

|                |  |
|----------------|--|
| TITLE          |  |
| 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-ZIP    |  |

**DO NOT WRITE  
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 606, Florida Statutes.

SIGNATURE: X

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

Date

Daytime Phone #

3-15-06 219 730 4576