


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M04000003527</b> 1. Entity Name <b>AUTOMATIC PROJECTS L.L.C.</b>	
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Principal Place of Business <b>1900 SUMMIT TOWER BLVD., SUITE 860 ORLANDO, FL 32810</b>	Mailing Address <b>1900 SUMMIT TOWER BLVD., SUITE 860 ORLANDO, FL 32810</b>
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03302006 No Chg-LLC

CR2E063 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-1511810</b>	Applied for <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**LIPPMAN, WAYNE D  
2665 SOUTH BAYSHORE DRIVE, SUITE 1006  
COCONUT GROVE, FL 33133**

**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	<b>MGRM LIPPMAN, WAYNE D 2665 SOUTH BAYSHORE DRIVE, SUITE 1006 COCONUT GROVE, FL 33133</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM THORNTON, W. JEPHTA 1900 SUMMIT TOWER BLVD., SUITE 860 ORLANDO, FL 32810</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM THORNTON, SAM 1900 SUMMIT TOWER BLVD., SUITE 860 ORLANDO, FL 32810</b>
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05/13/06-80060-021 50.00

**DO NOT WRITE  
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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 the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** Michael Bressan **4.26.06** **407.916.777**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #