

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000004068

Entity Name: LOST BOYS GROUP, LLC

FILED
Jun 19, 2006
Secretary of State

Current Principal Place of Business:

600 SE 2ND CT.
FT. LAUDERDALE, FL 33301

New Principal Place of Business:

2787 EAST OAKLAND PARK BLVD.
403
FT. LAUDERDALE, FL 33306

Current Mailing Address:

600 SE 2ND CT.
FT. LAUDERDALE, FL 33301

New Mailing Address:

2787 EAST OAKLAND PARK BLVD.
403
FT. LAUDERDALE, FL 33306

FEI Number: 22-3370373 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SIGLER, PAUL
600 SE 2ND CT.
FT. LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SIGLER, PAUL
Address: 600 SE 2ND CT.
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: MGRM () Delete
Name: ZURYNETZ, BILL
Address: 66 GRANY AVE.
City-St-Zip: ENGLEWOOD, NJ 07631

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: ZURYNETZ, BILL
Address: 66 GRAND AVE.
City-St-Zip: ENGLEWOOD, NJ 07631

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.

SIGNATURE: PAUL SIGLER

PRES

06/19/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date