### 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT # M05000000526

1. Entity Name
WICKS-FALCON HOUSE, LLC



FILED Mar 01, 2006 08:00 AM Secretary of State

Principal Place of Business

645 JAMES LEE ROAD FORT WALTON BEACH, FL Mailing Address

645 JAMES LEE ROAD FORT WALTON BEACH, FL



## DO NOT WRITE IN THIS SPACE

02202006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 33-1109234 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GALLOWAY, AMY J ESQ. 1700 EAST LAS OLAS BLVD., PH-1 FORT LAUDERDALE, FL 33301

# DO NOT WRITE IN THIS SPACE

		IN	INIS SPACE
8. The above the obligat	named entity submits this statement for the purpose of chations of registered agent.	nging its registered office or registered agent, or b	oth, in the State of Florida. 1 am familiar with, and accept
SIGNATURE.			
	Signature, typed or printed name of registered egent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
9.	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WICKS, SIDNEY 433 N. CAMDEN DRIVE BEVERLY HILLS, CA 90210		UNUU00451517 134/10/06-80856-015 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CUTY_ST_719		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 hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP
TITCE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
GITY-ST-ZIP

- E.Ky. Tel

2-20-06

704-522-6456