


2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90033 005 \*\*\*150.00

<b>DOCUMENT # P03000063687</b>					
<b>1. Entity Name</b> <b>LIME COURT INVESTMENTS INC.</b>					
<b>Principal Place of Business</b> 3036 ALLAMANDA ST MIAMI, FL 33133			<b>Mailing Address</b> 3036 ALLAMANDA ST MIAMI, FL 33133		
<b>2. Principal Place of Business</b> 13412 57th PLACES Suite, Apt. #, etc.		<b>3. Mailing Address</b> 13412 57th PLACES Suite, Apt. #, etc.			
<b>City &amp; State</b> WELLINGTON, FL Zip 33467 Country USA		<b>City &amp; State</b> WELLINGTON, FL Zip 33467 Country USA		<b>4. FEI Number</b> 81-0617044	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b> HOET-LINARES, FRANKLIN 3036 ALLAMANDA ST MIAMI, FL 33133			<b>7. Name and Address of New Registered Agent</b> Name: HOET-LINARES, FRANKLIN Street Address (P.O. Box Number is Not Acceptable): 13412 57th PLACES City: WELLINGTON FL Zip Code: 33467		
<b>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.</b>					
SIGNATURE: <u>Franklin Hoet-Linares</u> <b>DIRECTOR</b> <span style="float: right;">03/15/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2006 Fee will be \$550.00		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOET-LINARES, FRANKLIN 3036 ALLAMANDA ST MIAMI, FL 33133		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOET-LINARES, FRANKLIN 13412 57th PLACES WELLINGTON, FL 33467	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE HOET, CLAUDIA M 3036 ALLAMANDA ST MIAMI, FL 33133		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE HOET, CLAUDIA M 13412 57th PLACES WELLINGTON, FL 33467	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <u>Franklin Hoet-Linares</u> <b>DIRECTOR</b> <span style="float: right;">03/15/06 (561) 3836793</span> <small>Signature and typed or printed name of signing officer or director</small>					