2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2006
Secretary of State

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Entity Name: FEILER, LEACH & MCCARRON, P.L.

Current Principal Place of Business:

901 PONCE DE LEON BLVD., PENTHOUSE
CORAL GABLES, FL 331343009

New Principal Place of Business:

Current Mailing Address:

901 PONCE DE LEON BLVD., PENTHOUSE
CORAL GABLES, FL 331343009

New Mailing Address:

FEI Number: 65-1064659 **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:

FEILER, MICHAEL B ESQ.
901 PONCE DE LEON BLVD. PENTHOUSE
CORAL GABLES, FL 331343009 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:	MICHAEL B. FEILER, P, .A.	
Address:	901 PONCE DE LEON BLVD. PH	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	MGRM	( ) Delete
Name:	MARTIN E. LEACH, P.A, .	
Address:	901 PONCE DE LEON BLVD. PH	
City-St-Zip:	CORAL GABLES, FL 33134	

ADDITIONS/CHANGES:

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

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: MICHAEL B. FEILER, P.A. MGR 07/05/2006

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