

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000008322

FILED  
Feb 08, 2006  
Secretary of State

Entity Name: DOUGHERTY CONSULTANTS, L.L.C.

**Current Principal Place of Business:**

14281 HICKORY LINKS CT. #1424  
FT. MYERS, FL 33912

**New Principal Place of Business:**

**Current Mailing Address:**

14281 HICKORY LINKS CT. #1424  
FT. MYERS, FL 33912

**New Mailing Address:**

FEI Number: 56-2431586

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DOUGHERTY, THOMAS W  
14281 HICKORY LINKS CT. #1424  
FT. MYERS, FL 33912 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: MGR ( ) Delete  
Name: DOUGHERTY, THOMAS W  
Address: 14281 HICKORY LINKS CT. #1424  
City-St-Zip: FT. MYERS, FL 33912

Title: MGRM ( ) Delete  
Name: MCQUADE, ERICA A  
Address: 912 SARAH LANE  
City-St-Zip: ENDICOTT, NY 13760

**ADDITIONS/CHANGES:**

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

Title: MGRM (X) Change ( ) Addition  
Name: MCQUADE, ERICA A  
Address: 812 BISCANE TER  
City-St-Zip: ENDWELL, NY 13760

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: T.W. DOUGHERTY

MGR

02/08/2006

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