

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000019987

FILED
Jul 06, 2006
Secretary of State

Entity Name: PATRICIA LOTHER AND ASSOCIATES, LC

Current Principal Place of Business:

646 BRIARWOOD LANE
DEERFIELD BEACH, FL 33441 US

New Principal Place of Business:

646 BRIARWOOD LANE
DEERFIELD BEACH, FL 33442 US

Current Mailing Address:

646 BRIARWOOD LANE
DEERFIELD BEACH, FL 33441 US

New Mailing Address:

646 BRIARWOOD LANE
DEERFIELD BEACH, FL 33442 US

FEI Number: 54-2147260 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:

LOTHER, PATRICIA
646 BRIARWOOD LANE
DEERFIELD BEACH, FL 33441 US

Name and Address of New Registered Agent:

LOTHER, PATRICIA
646 BRIARWOOD LANE
DEERFIELD BEACH, FL 33442 US

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: PATRICIA LOTHER

07/06/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LOTHER, PATRICIA
Address: 646 BRIARWOOD LANE
City-St-Zip: DEERFIELD BEACH, FL 33441 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LOTHER, PATRICIA
Address: 646 BRIARWOOD LANE
City-St-Zip: DEERFIELD BEACH, FL 33442 US

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: PATRICIA LOTHER

MGRM

07/06/2006

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