

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000033865

FILED
Feb 03, 2006
Secretary of State

Entity Name: FLORIDA MEDIATION CENTER, LLC

Current Principal Place of Business:

3949 EVANS AVENUE, SUITE 105
FORT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

3949 EVANS AVENUE, SUITE 105
FORT MYERS, FL 33901

New Mailing Address:

FEI Number: 55-0866119

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHREIBER, LEE A
3949 EVANS AVENUE, SUITE 105
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

THOMPSON, STEPHEN D
3949 EVANS AVENUE, SUITE 105
FORT MYERS, FL 33901 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: STEPHEN D. THOMPSON

02/03/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SCHREIBER, LEE A
Address: 3949 EVANS AVENUE, SUITE 105
City-St-Zip: FORT MYERS, FL 33901

Title: MGR (X) Delete
Name: THOMPSON, STEPHEN D
Address: 3949 EVANS AVENUE, SUITE 105
City-St-Zip: FORT MYERS, FL 33901

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: THOMPSON, STEPHEN D
Address: 3949 EVANS AVENUE, SUITE 105
City-St-Zip: FORT MYERS, FL 33901

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: STEPHEN D. THOMPSON

MGR

02/03/2006

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