

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000058873

**FILED**  
**Feb 02, 2006**  
**Secretary of State**

**Entity Name:** PERSONALIZED EXPERTS LLC

**Current Principal Place of Business:**

1917 WEST COPANS ROAD  
POMPANO BEACH, FL 33064 US

**New Principal Place of Business:**

1917A WEST COPANS ROAD  
POMPANO BEACH, FL 33064 US

**Current Mailing Address:**

1917 WEST COPANS ROAD  
POMPANO BEACH, FL 33064 US

**New Mailing Address:**

1917A WEST COPANS ROAD  
POMPANO BEACH, FL 33064 US

FEI Number: 86-1140764

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SOUZA, TOM  
1917 WEST COPANS ROAD  
POMPANO BEACH, FL 33064 US

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

SOUZA, TOM  
1917A WEST COPANS ROAD  
POMPANO BEACH, FL 33064 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: TOM SOUZA

02/02/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SOUZA, TOM  
Address: 1917 WEST COPANS ROAD  
City-St-Zip: POMPANO BEACH, FL 33064 US

Title: MGRM ( ) Delete  
Name: GIORDANO, DOUG  
Address: 1917 WEST COPANS ROAD  
City-St-Zip: POMPANO BEACH, FL 33064 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SOUZA, TOM  
Address: 1917A WEST COPANS ROAD  
City-St-Zip: POMPANO BEACH, FL 33064 US

Title: MGRM (X) Change ( ) Addition  
Name: GIORDANO, DOUG  
Address: 1917A WEST COPANS ROAD  
City-St-Zip: POMPANO BEACH, FL 33064 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: TOM SOUZA

MGMR

02/02/2006

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