

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jan 05, 2006  
Secretary of State**

DOCUMENT# L00000008029

Entity Name: LINDA HINCHLIFFE AND ASSOCIATES, LLC

**Current Principal Place of Business:**

3720 S. OCEAN BLVD  
304  
HIGHLAND BEACH, FL 33487

**New Principal Place of Business:**

**Current Mailing Address:**

3720 S. OCEAN BLVD  
304  
HIGHLAND BEACH, FL 33487

**New Mailing Address:**

FEI Number: 34-1225379      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HINCHLIFFE, LINDA A  
3720 SOUTH OCEAN BLVD  
304  
HIGHLAND BEACH, FL 33487 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: HINCHLIFFE, LINDA A  
Address: 3720 SOUTH OCEAN BLVD  
City-St-Zip: HIGHLAND BEACH, FL 33487

Title: MGR      ( ) Delete  
Name: HINCHLIFFE, DANIEL A  
Address: 3720 SOUTH OCEAN BLVD  
City-St-Zip: HIGHLAND BEACH, FL 33487

**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: DANIEL A. HINCHLIFFE, MBA, CPA, CISA, CFE      MGR      01/05/2006

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