


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L00000012944 1. Entity Name FUND-RAISING SOLUTIONS OF FLORIDA, LLC |  |
|--|---|

Principal Place of Business
1091 RIDGE RD.
LONGWOOD, FL 32750

Mailing Address
1091 RIDGE RD.
LONGWOOD, FL 32750



04062006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|-------------------------------|
| 4. FEI Number 65-1036655 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

| | |
|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|--|

6. Name and Address of Current Registered Agent

HOBKIRK, GRETCHEN G
1091 RIDGE RD.
LONGWOOD, FL 32750

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

U00000499841
04/24/06-80044-020 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|---------------------|
| TITLE | MGRM |
| NAME | HOBKIRK, GRETCHEN G |
| STREET ADDRESS | 1091 RIDGE RD. |
| CITY-ST-ZIP | LONGWOOD, FL 32750 |
| TITLE | MGRM |
| NAME | HOBKIRK, MATTHEW A |
| STREET ADDRESS | 1091 RIDGE RD. |
| CITY-ST-ZIP | LONGWOOD, FL 32750 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Gretchen Hobkirk Gretchen Hobkirk

4/10/06 407-702-4767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #