

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000009503

FILED  
Apr 10, 2006  
Secretary of State

**Entity Name:** SALAZAR EDUCATIONAL TRAINING & CONSULTING SERVICES, L.L.C.

**Current Principal Place of Business:**

1086 WALNUT WOODS PLACE  
LAKE MARY, FL 32746

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 950688  
LAKE MARY, FL 32795

**New Mailing Address:**

**FEI Number:** 59-3725800

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BILLINGS, ROGER S  
1086 WALNUT WOODS PLACE  
LAKE MARY, FL 32746 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: MGRM ( ) Delete  
Name: BILLINGS, ROGER S DR.  
Address: 1086 WALNUT WOODS PLACE  
City-St-Zip: LAKE MARY, FL 32746

Title: MGRM ( ) Delete  
Name: BILLINGS, FLOR M P  
Address: 1086 WALNUT WOODS PLACE  
City-St-Zip: LAKE MARY, FL 32746

Title: MGRM ( ) Delete  
Name: COGGINS, PATRICK C DR.  
Address: 744 VASSAR RD  
City-St-Zip: DELAND, FL 32724

Title: MGRM ( ) Delete  
Name: WHITE, EVA L MRS.  
Address: 1708 NW 163 TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33028

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ROGER S. BILLINGS

MGRM

04/10/2006

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