

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 27, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90071 049 \*\*\*\*50.00

DOCUMENT # L01000011219

1. Entity Name  
 DANIEL P ROSSI CONSULTING, L.L.C.



Principal Place of Business  
~~344 BROOKS ST  
 FORT WALTON BEACH, FL 32548~~

Mailing Address  
~~344 BROOKS ST  
 FORT WALTON BEACH, FL 32548~~

2. Principal Place of Business  
 623 Calhoun Ave

3. Mailing Address  
 623 Calhoun Ave


Suite, Apt. #, etc. \_\_\_\_\_

City & State  
 Destin, Florida

City & State  
 Destin, Florida

Zip Country  
 32541 US

Zip Country  
 32541 US.



01132006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent

CAMPBELL, DANIEL C  
 420 EAST PINE AVENUE  
 CRESTVIEW, FL 32539

4. FEI Number  
 59-3748757

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ FL Zip Code \_\_\_\_\_

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 \_\_\_\_\_ DATE \_\_\_\_\_

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

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

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ROSSI, DANIEL P	
STREET ADDRESS	<del>344 BROOKS ST</del> 623 Calhoun Ave	
CITY-ST-ZIP	<del>FORT WALTON BEACH, FL</del> Destin, FL 32541	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Daniel P. Rossi DANIEL P. ROSSI 1/13/06 (850) 974-1596

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #