

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000021894

FILED  
Mar 07, 2006  
Secretary of State

**Entity Name:** NIEDERLEHNER AND SEITZ, ATTORNEYS AT LAW, P.L.

**Current Principal Place of Business:**

209 SOUTH BAYLEN STREET  
PENSACOLA, FL 32502

**New Principal Place of Business:**

**Current Mailing Address:**

209 SOUTH BAYLEN STREET  
PENSACOLA, FL 32502

**New Mailing Address:**

**FEI Number:** 02-0535989

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NIEDERLEHNER, ERICH M  
209 S BAYLEN ST  
PENSACOLA, FL 32502 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: NIEDERLEHNER, ERICH M  
Address: 209 S BAYLEN ST  
City-St-Zip: PENSACOLA, FL 32501

Title: MGRM ( ) Delete  
Name: SEITZ, EDWARD G JR  
Address: 209 S BAYLEN ST  
City-St-Zip: PENSACOLA, FL 32501

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: NIEDERLEHNER, ERICH M  
Address: 209 S BAYLEN ST  
City-St-Zip: PENSACOLA, FL 32502

Title: MGRM (X) Change ( ) Addition  
Name: SEITZ, EDWARD G JR  
Address: 209 S BAYLEN ST  
City-St-Zip: PENSACOLA, FL 32502

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: ERICH M. NIEDERLEHNER

MGRM

03/07/2006

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