

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000000841

FILED  
Jul 10, 2006  
Secretary of State

**Entity Name:** MICCANT SOFTWARE & SEMINARS LLC

**Current Principal Place of Business:**

521 RIGGS CIRCLE  
DAVENPORT, FL 33897

**New Principal Place of Business:**

**Current Mailing Address:**

14 MULBERRY CLOSE  
WEST BRIDGFORD  
NOTTINGHAM, UK NG27SS

**New Mailing Address:**

**FEI Number:** 01-0575335      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

WITKO, DAVID  
521 RIGGS CIRCLE  
DAVENPORT, FL 33897      US

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: WITKO, DAVID  
Address: 521 RIGGS CIRCLE  
City-St-Zip: DAVENPORT, FL 33897

Title: MGRM      ( ) Delete  
Name: WITKO, BARBARA  
Address: 521 RIGGS CIRCLE  
City-St-Zip: DAVENPORT, FL 33897

**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: DAVID WITKO

MR

07/10/2006

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