

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000000876

FILED
Apr 17, 2006
Secretary of State

Entity Name: TRUSTEE EDUCATIONAL CONFERENCES AND SEMINARS, LLC

Current Principal Place of Business:

818 SW 31ST ST.
CAPE CORAL, FL 33914

New Principal Place of Business:

Current Mailing Address:

818 SW 31ST ST.
CAPE CORAL, FL 33914

New Mailing Address:

FEI Number: 01-0667514 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DRISCOLL, RENEE A
2219 SE 19TH PLACE
CAPE CORAL, FL 33990 US

Name and Address of New Registered Agent:

DRISCOLL, RENEE A
818 SW 31ST ST
CAPE CORAL, FL 33914 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: RENEE DRISCOLL

04/17/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DRISCOLL, CAROL J
Address: 64 CANNONGATE ROAD
City-St-Zip: TYNGSBORO, MA 01879

Title: MGR () Delete
Name: DRISCOLL, RENEE A
Address: 2219 SE 19TH PLACE
City-St-Zip: CAPE CORAL, FL 33990

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DRISCOLL, CAROL J
Address: 4245 PERTH COURT
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: MGR (X) Change () Addition
Name: DRISCOLL, RENEE A
Address: 818 SW 31ST ST
City-St-Zip: CAPE CORAL, FL 33914

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: RENEE DRISCOLL

PRES

04/17/2006

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