2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L02000006358

1. Entity Name
PERSONAL FINANCIAL CONSULTANTS LIMITED
LIABILITY COMPANY

Principal Place of Business	Mailing Address
5683 STRAND COURT SUITE 3 NAPLES, FL 34110	5683 STRAND COURT SUITE 3 NAPLES, FL 34110

DO NOT WRITE IN THIS SPACE

01102006No Chg-LLC   CR2E083 (11/05)

4. FEI Number 03-0425497		Applied For | Not Applicable
5. Certificate of Status Desired	☐	**$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WAIGHT, JOHN F
96 SILVER OAKS CIRCLE, #1203
NAPLES, FL 34119

DO NOT WRITE
IN THIS SPACE

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_____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   1/10/06 DATE

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	WAIGHT, JOHN F
STREET ADDRESS	96 SILVER OAKS CIRCLE, #1203
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000388377
01/20/06-80002-012 50.00

DO NOT WRITE
IN THIS SPACE

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: _____   1/10/06   239-592-1725

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