


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000019299 1. Entity Name MASS TORTS MADE PERFECT, LLC	
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Principal Place of Business 316 SOUTH BAYLEN STREET SUITE 600 PENSACOLA, FL 32502	Mailing Address 316 SOUTH BAYLEN STREET SUITE 600 PENSACOLA, FL 32502
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02172006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3861270	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

SMITH, ROBERT E JR 316 SOUTH BAYLEN STREET SUITE 600 PENSACOLA, FL 32502

**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) DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRACTICE MADE PERFECT, LLC 316 SOUTH BAYLEN STREET, SUITE 600 PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PROCTOR, MARK J 316 SOUTH BAYLEN STREET, SUITE 600 PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/07/06 80052-008 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/21/06 **(850) 435-7000**
Date Daytime Phone #