## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L02000019299

1. Entity Name

MASS TORTS MADE PERFECT, LLC



Principal Place of Business

a or Business

316 SOUTH BAYLEN STREET SUITE 600

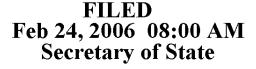
PENSACOLA, FL 32502

Mailing Address

316 SOUTH BAYLEN STREET

SUITE 600

PENSACOLA, FL 32502





02172006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 22-3861270 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNA'	TURE	(NOTE: Registered Agent signature required when reinstating)	DATE
	Filing Fee is \$50.00 Due by May 1, 2006		
9.	MANAGING MEMBERS/MANAGERS		

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

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11. I hereby certify that the information supplied with this fifing 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 another and that my signature shall have the same legal effect as it 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 808, Florida Statutes.

SIGNATURE:

CITY-ST-209

HAME STREET ADDRESS CUY-ST-779

SIGNATURE AND TYPED OR PRINTED NA

if signing managing member, or authorized representative

2/2, /06

435-700

Daysima Phone №