


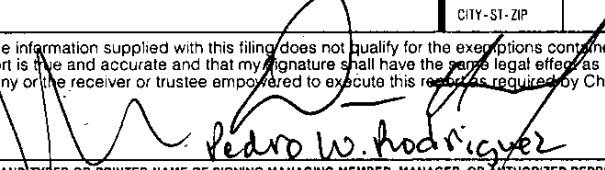


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90262 041 ****50.00

DOCUMENT # L02000029879					
1. Entity Name DENNIS HERNANDEZ & ASSOCIATES, L.L.C.					
Principal Place of Business 410 SOUTH CEDAR AVENUE TAMPA, FL 33606			Mailing Address 410 SOUTH CEDAR AVENUE TAMPA, FL 33606		
2. Principal Place of Business 3339 West Kennedy Blvd. Suite, Apt. #, etc.		3. Mailing Address 3339 West Kennedy Blvd. Suite, Apt. #, etc.			
City & State Tampa, FL		City & State Tampa, FL		03062006 Chg-LLC CR2E083 (11/05)	
Zip 33609		Country USA		4. FEI Number 56-2301101	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent PRZYBYCIN, MATTHEW S ESQ C/O DENNIS HERNANDEZ & ASSOCIATES 410 SOUTH CEDAR AVENUE TAMPA, FL 33606			7. Name and Address of New Registered Agent Name: Matthew S. Przybycin Street Address (P.O. Box Number is Not Acceptable): Dennis Hernandez & Associates, P.A. 3339 West Kennedy Boulevard City: Tampa, FL Zip Code: 33609		
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: 			DATE: 3-06-06		
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HERNANDEZ, OSCAR DENNIS JR 410 S. CEDAR AVENUE TAMPA, FL 33606	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Date: 3.6.06 Daytime Phone #: 813.250.0000		