## 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.							03-23-2006	5 90262 041 *	***50.00
Principal Place 410 SOUTH ( TAMPA, EL 3	CEDAR AVEN		Mailing Address 410 SOUTH CEDAR AVENUE TAMPA, FL 33606 ~				11 2212 1123 2214 2214 2214	6 88118 JIBI 8   \$181 68111	1218 12189)     <u>127</u> 1
2. Principal P		iess Cennedy Blvd.	3. Mailing Address 3339 West Kennedy Blvd.			-			
Suite, Apt.			Suite, Apt. #, etc.			03062006	Chg-LLC	CR2E083 (11/	05)
City & State Tampa, FL			City & State Tampa, EL			4. FEI Numb			Applied For Not Applicable
Zip 33609		Country USA	Zip 33609	Coun	ys A		of Status Desired	\$5.00 Fee Re	Additional
	6. Name	and Address of Current R	gistered Agent Name			7. Name and Address of New Registered Agent			
PRZYBYCIN, MATTHEW'S ESQ					Matt	(B.O. Box Numb	S. Przyk		
410 SOUT	H CEDAR	ANDEŽ & ASSOCIATI LAVENUE				P.O. Box Number is Not Acceptable). Hernandez & Associates, P.A.			
TAMPA, FI	L 33606		333			1 Wes	t kennes	Ry Bou	levard
CityTan						ya_		「FL /线	3609
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, type of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
	ling Fee I ue by May	s \$50.00				•		e check payable Department of	
9.		MANAGING MEMBER		10.			ADDITIONS/	CHANGES	3 1 1
NAME	MGR HERNANI	DEZ, OSCAR DENNIS 、	☐ Delete TITLE IR NAME					□ Çha	ange 🔲 Addition
STREET ADDRESS	ADDRESS 410 S. CEDAR AVENUE		STRE		ET ADDRESS				
CITY-ST-ZIP	TAMPA, FL 33606		Delete Title		-ST-ZIP			Cha	ange 🔲 Addition
NAME			'' '		E ADDRESS				
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS - ST-ZIP				
TITLE NAME			☐ Delete 1					☐ Cha	inge 🗌 Addition
STREET ADDRESS					ET ADDRESS				
CITY-ST-ZIP			Delete TITLE		-ST-ZIP			☐ Cha	ange 🔲 Addition
NAME			□ D¢id(¢		ε .	<u>-</u>		inge 🗀 Addition	
STREET ADDRESS CITY-ST-ZIP			ين بيساريد .		ET ADDRESS -ST-ZIP				
TITLE			☐ Delete TITLI					☐ Cha	ange 🔲 Addition
NAME STREET ADDRESS			NAM STRE		ET ADDRESS				
CITY-ST-ZIP				CITY-ST-ZIP		<del></del>			
NAME			Delete TITLE NAME					∐ Cha	ange C Addition
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP				
11. I hereby certify that the information supplied with this filing does not hualify for the exceptions contined in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is the and accurate and that my fignature shall have the sense 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 receiver by Chapter 608, Florida Statutes.									
SIGNATURE: JE LOVO W. POOR VIGUEL 3. 6.06 813.250.0000									