

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000030330

FILED  
Apr 24, 2006  
Secretary of State

Entity Name: SELF DISCOVERY GROUP LLC

## Current Principal Place of Business:

1521 S.W. 5TH STREET  
FORT LAUDERDALE, FL 33312

## New Principal Place of Business:

2001 W. CYPRESS CREEK ROAD  
101  
FORT LAUDERDALE, FL 33309

## Current Mailing Address:

1521 S.W. 5TH STREET  
FORT LAUDERDALE, FL 33312

## New Mailing Address:

FEI Number: 01-0752282      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JAMES, CLIFFORD R  
1521 S.W. 5TH STREET  
FORT LAUDERDALE, FL 33312      US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: JAMES, CLIFFORD R  
Address: 1521 SW 5TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: MGRM ( ) Delete  
Name: JAMES, SUSUAN M  
Address: 1521 SW 5TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33312

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: JAMES, SUSAN M  
Address: 1521 SW 5TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33312

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SUSAN M. JAMES

MGRM

04/24/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date