2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2006
Secretary of State

DOCUMENT# L03000003211

Entity Name: TERESA LEWANDOWSKI CONSULTING LLC

Current Principal Place of Business:

18460 NARCISSUS RD
FT MYERS, FL 33912

New Principal Place of Business:

2805 SE 10TH AVE
CAPE CORAL, FL 33904

Current Mailing Address:

18460 NARCISSUS RD
FT. MYERS, FL 33912

New Mailing Address:

2805 SE 10TH AVE
CAPE CORAL, FL 33904

FEI Number: 71-0934904 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LEWANDOWSKI, TERESA M
18460 NARCISSUS RD
FT. MYERS, FL 33912 US

Name and Address of New Registered Agent:

LEWANDOWSKI, TERESA M
2805 SE 10TH AVE
CAPE CORAL, FL 33904 US

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: TERESA M. LEWANDOWSKI 05/11/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: TERESA LEWANDOWSKI C, ONSULTING, LLC
Address: 18460 NARCISSUS RD
City-St-Zip: FT. MYERS, FL 33912

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: TERESA LEWANDOWSKI C, ONSULTING, LLC
Address: 2805 SE 10TH AVE
City-St-Zip: CAPE CORAL, FL 33904

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: TERESA M. LEWANDOWSKI MGRM 05/11/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date