


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2006 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L03000005206</b> 1. Entity Name <b>ACCOUNTABILITY FINANCIAL SERVICES, LLC</b>	
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Principal Place of Business <b>1005 HOMEWOOD AVE. MELBOURNE, FL 32940 US</b>	Mailing Address <b>P.O. BOX 410484 MELBOURNE, FL 32941-0484 US</b>
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**DO NOT WRITE IN THIS SPACE**



05022006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>11-3664845</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MCDUGLE, WAYNE B  
1005 HOMEWOOD AVE.  
MELBOURNE, FL**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00  
Due by September 6, 2006

000000562784  
05/19/06-80066-002 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM MCDUGLE, WAYNE B P.O. BOX 410484 MELBOURNE, FL 329410484
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM MCDUGLE, SHARON P.O. BOX 410484 MELBOURNE, FL 329410484
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**DO NOT WRITE  
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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:** Wayne B. McDougle Wayne B. McDougle 5/1/06 321-258-1101  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #