

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000006587

FILED
Apr 24, 2006
Secretary of State

Entity Name: THE LAW OFFICE OF JENNIFER SLOANE, P.L.C.

Current Principal Place of Business:

425 WEST NEW ENGLAND AVE SUITE 320
WINTER PARK, FL 32789

New Principal Place of Business:

1573 W. FAIRBANKS AVE
SUITE 200
WINTER PARK, FL 32789

Current Mailing Address:

425 WEST NEW ENGLAND AVE SUITE 320
WINTER PARK, FL 32789

New Mailing Address:

1573 W. FAIRBANKS AVE.
SUITE 200
WINTER PARK, FL 32789

FEI Number: 01-0777046

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLOANE, JENNIFER L ESQ.
170 WEST FAIRBANKS AVE. SUITE 103
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

SLOANE, JENNIFER L ESQ.
1573 W. FAIRBANKS AVE.
SUITE 200
WINTER PARK, FL 32789 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: JENNIFER SLOANE

04/24/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SLOANE, JENNIFER L PRES
Address: 170 W. FAIRBANKS AVE., SUITE 103
City-St-Zip: WINTER PARK, FL 32789 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SLOANE, JENNIFER L PRES
Address: 1573 W. FAIRBANKS AVE., SUITE 200
City-St-Zip: WINTER PARK, FL 32789 US

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: JENNIFER SLOANE

PRES

04/24/2006

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