

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


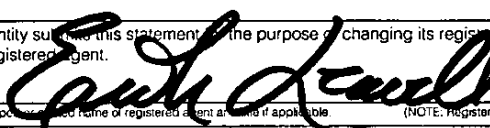
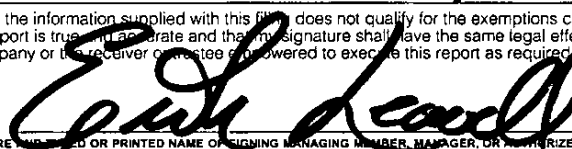
FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90057 050 ****50.00

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01062006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L03000008389					
1. Entity Name ERIK LEAVELL & ASSOCIATES, P.L.					
Principal Place of Business 1114 N FEDERAL HWY SUITE 1 BOYNTON BEACH, FL 33435			Mailing Address 1114 N FEDERAL HWY SUITE 1 BOYNTON BEACH, FL 33435		
2. Principal Place of Business 11911 U.S. Highway One		3. Mailing Address 60 N.E. 104 Street			
Suite, Apt. #, etc. Suite 201-15		Suite, Apt. #, etc.			
City & State North Palm Beach FL		City & State Miami Shores FL		4. FEI Number 06-1681149	
Zip 33408		Country USA		Applied For Not Applicable	
Zip 33138		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LEAVELL, ERIK 8733 OLDHAM WAY WEST PALM BEACH, FL 33412			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			Zip Code		
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 Jan 5, 2006		
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEAVELL, ERIK 8733 OLDHAM WAY WEST PALM BEACH, FL 33412 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 the 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 606, Florida Statutes.					
SIGNATURE: 			Date Jan. 5, 2006 561/424-0960		
SIGNATURE AND/OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		