

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008441

FILED  
Mar 17, 2006  
Secretary of State

**Entity Name:** SURROGACY CONSULTANTS OF FLORIDA, LLC

**Current Principal Place of Business:**

2207 22 ST W  
BRADENTON, FL 34205 US

**New Principal Place of Business:**

**Current Mailing Address:**

4501 MANATEE AVE W #208  
BRADENTON, FL 34209 US

**New Mailing Address:**

**FEI Number:** 05-0559628

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RAYBURN, TERESITA A  
2207 22 ST W  
BRADENTON, FL 34205 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:** RAYBURN, TERESITA A  
**Address:** 2207 22 ST W  
**City-St-Zip:** BRADENTON, FL 34205 US

**Title:** MGRM ( ) Delete  
**Name:** LAMOTHE, SHARON  
**Address:** 3790 THORNBURY COURT< # 104  
**City-St-Zip:** PALM HARBOR, FL 34685 US

**ADDITIONS/CHANGES:**

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

**Title:** MGRM (X) Change ( ) Addition  
**Name:** LAMOTHE, SHARON  
**Address:** PO BOX 136271  
**City-St-Zip:** CLERMONT, FL 34713 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:** TERESITA RAYBURN

MGRM

03/17/2006

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