# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**May 01, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # L03000012051

1. Entity Name
ACCIDENT INJURY RESOURCES, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 2727 S. TAMIAMI TRAIL<br>SUITE 3<br>SARASOTA, FL 34239 US | 2727 S. TAMIAMI TRAIL<br>SUITE 3<br>SARASOTA, FL 34239 US |

DO NOT WRITE IN THIS SPACE

04052006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
86-1055859
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

PENGE, JOSEPH J
2727 S. TAMIAMI TRAIL
SUITE 3
SARASOTA, FL 34239

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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: Joseph J. Penge DC 4/21/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $50.00**
**Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | MGRM |
| NAME | PENGE, JOSEPH J |
| STREET ADDRESS | 2727 S. TAMIAMI TRAIL, SUITE 3 |
| CITY-ST-ZIP | SARASOTA, FL 34239 |
| TITLE | |
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05/13/06-80019-013 50.00

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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:** Joseph J. Penge DC Joseph J. Penge DC 4/21/06 941-544-9773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #