2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2006
Secretary of State

DOCUMENT# L03000018754

Entity Name: SPLIT DECISION LLC

Current Principal Place of Business:

4447 MARINERS COVE DRIVE
WELLINGTON, FL 33467

New Principal Place of Business:

3142 SAN MICHELE DRIVE
PALM BEACH GARDENS, FL 33418

Current Mailing Address:

4447 MARINERS COVE DRIVE
WELLINGTON, FL 33467

New Mailing Address:

3142 SAN MICHELE DRIVE
PALM BEACH GARDENS, FL 33418

FEI Number: 42-1593011 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TALBOT FREEMAN & ASSOC., INC.
1900 SE 15TH STREET
FT. LAUDERDALE, FL 33316 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: ROSE, BARBARA A
Address: 4447 MARINERS COVE DRIVE
City-St-Zip: WELLINGTON, FL 33467

Title: MGRM ( ) Delete
Name: ROSE, WILLIAM J
Address: 4447 MARINERS COVE DRIVE
City-St-Zip: WELLINGTON, FL 33467

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ROSE, BARBARA A
Address: 3142 SAN MICHELE DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: MGRM (X) Change ( ) Addition
Name: ROSE, WILLIAM J
Address: 3142 SAN MICHELE DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: WJR MGR 02/10/2006

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