



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90026 041 \*\*\*\*50.00

<b>DOCUMENT # L03000042712</b>					
<b>1. Entity Name</b> THE COMPLIANCE AND AUDIT GROUP, LLC					
<b>Principal Place of Business</b> 7680 UNIVERSAL BLVD. #580 ORLANDO, FL 32835 US			<b>Mailing Address</b> 7680 UNIVERSAL BLVD. #580 ORLANDO, FL 32835 US		
<b>2. Principal Place of Business</b> 5784 S. Semoran Blvd Suite, Apt. #, etc.		<b>3. Mailing Address</b> 5784 S. Semoran Blvd Suite, Apt. #, etc.			
City & State Orlando, FL		City & State Orlando, FL		03292006    Chg-LLC    CR2E083 (11/05)	
Zip 32822		Country Orange		<b>4. FEI Number</b> 90-0132948	
City & State Orlando, FL		City & State Orlando, FL		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> STUDLEY, SUZANNE H 3611 PERSHING AVENUE ORLANDO, FL 32812			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 4/21/2006	
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STUDLEY, SUZANNE H 3611 PERSHING AVENUE ORLANDO, FL 32812		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COLEY, E.G. 1438 VIZCAYA LAKES ROAD, #107 OCFEE, FL 34761		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ernest G. Coley, Jr. 5088 Nadine St. Orlando, FL 32807 <input checked="" 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	
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	
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	
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	
<b>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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date 4/21/2006    Daytime Phone # 407 282 1306	