

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90014 022 ****50.00

DOCUMENT # L03000046120

1. Entity Name
ATTORNEY TO ATTORNEY, LLC



Principal Place of Business Mailing Address
1005 PINE LAKE CIRCLE 1005 PINE LAKE CIRCLE
PALM BEACH GARDENS, FL 33418 US PALM BEACH GARDENS, FL 33418 US

20030004



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03242006 Chg-LLC CR2E083 (11/05)

4. FEI Number
45-0529048

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VICKEY, GERARD M
1005 PINE LAKE CIRCLE
PALM BEACH GARDENS, FL 33418

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---------------------------------|-----------------------|---|
| NAME VICKEY, GERARD M | <input type="checkbox"/> Delete | TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 1005 PINE LAKE CIRCLE | | STREET ADDRESS | |
| CITY-STATE-ZIP PALM BEACH GARDENS, FL 33418 | | CITY-STATE-ZIP | |
| TITLE NAME | <input type="checkbox"/> Delete | TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-STATE-ZIP | | CITY-STATE-ZIP | |
| TITLE NAME | <input type="checkbox"/> Delete | TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | STREET ADDRESS | |
| CITY-STATE-ZIP | | CITY-STATE-ZIP | |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/17/06

561-622-0246