2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2006
Secretary of State

DOCUMENT# L04000002951

Entity Name: LEONARD A. VITEL, LLC

Current Principal Place of Business:

11990 BEACH BLVD, UNIT #246
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

11990 BEACH BLVD, UNIT #246
JACKSONVILLE, FL 32246

New Mailing Address:

FEI Number: 20-0587224 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VITEL, LEONARD A
11990 BEACH BLVD, UNIT #246
JACKSONVILLE, FL 32246 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:	VITEL, LEONARD A	
Address:	11990 BEACH BLVD, UNIT #246	
City-St-Zip:	JACKSONVILLE, FL 32246	
Title:	MGRM	( ) Delete
Name:	VITEL, LESLEY K	
Address:	11990 BEACH BLVD, UNIT #246	
City-St-Zip:	JACKSONVILLE, FL 32246	
Title:	MGRM	( ) Delete
Name:	POOLE, LIBBI D	
Address:	11990 BEACH BLVD, UNIT #246	
City-St-Zip:	JACKSONVILLE, FL 32246	

ADDITIONS/CHANGES:

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

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: LEONARD A VITEL MGRM 04/18/2006

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