

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L04000030099</b>	
1. Entity Name <b>THE FINANCIAL SENSE PEOPLE, LLC</b>	
Principal Place of Business <b>839 NORTH EAST U.S. HWY 19 CRYSTAL RIVER, FL 34429</b>	Mailing Address <b>839 NORTH EAST U.S. HWY 19 CRYSTAL RIVER, FL 34429</b>



01072007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>11-3717301</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**STETZKO, BARBARA  
839 NORTH EAST U.S. HWY 19  
CRYSTAL RIVER, FL 34429**

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IN THIS SPACE**

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, 2007**

<b>9. MANAGING MEMBERS/MANAGERS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM STETZKO, BARBARA 839 NORTH EAST U.S. HWY 19 CRYSTAL RIVER, FL 34429</b>
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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:** \_\_\_\_\_

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

**1-8-07**

Date

Daytime Phone #