

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90051 017 \*\*\*\*50.00

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04012006 Chg-LLC CR2E083 (11/05)

<b>DOCUMENT # L04000036205</b>			
1. Entity Name <b>DALE CONSULTING, LLC</b>			
Principal Place of Business <b>1684 S.E. 21ST AVENUE LAUDERDALE BY THE SEA, FL 33062</b>		Mailing Address <b>1684 S.E. 21ST AVENUE LAUDERDALE BY THE SEA, FL 33062</b>	
2. Principal Place of Business <b>6654 NW 42 TERRACE</b>		3. Mailing Address <b>6654 NW 42 TERRACE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>COCONUT CREEK, FL</b>		City & State <b>COCONUT CREEK, FL</b>	
Zip <b>33073</b>	Country <b>USA</b>	Zip <b>33073</b>	Country <b>USA</b>
4. FEI Number <b>20-1158646</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>DALE, SUSAN P 1684 S.E. 21ST AVENUE LAUDERDALE BY THE SEA, FL 33062</b>		7. Name and Address of New Registered Agent Name <b>DALE, SUSAN P</b> Street Address (P.O. Box Number is Not Acceptable) <b>6654 NW 42 TERRACE</b> City <b>COCONUT CREEK</b> FL Zip Code <b>33073</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. SIGNATURE <u><i>Susan P. Dale, President</i></u> DATE <u><b>4-12-06</b></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM DALE, SUSAN P 1684 S.E. 21ST AVENUE LAUDERDALE BY THE SEA, FL 33062</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM DALE, SUSAN P 6654 NW 42 TERRACE COCONUT CREEK, FL 33073</b> <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
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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
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: <u><i>Susan P. Dale, President</i></u>		DATE: <u><b>4-12-06</b></u> / DAYTIME PHONE: <u><b>954 461 0387</b></u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>DATE DAYTIME PHONE #</small>	