

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

04-27-2006 90029 007 ****50.00

DOCUMENT # L04000058432

1. Entity Name
FLORIDA GLOBAL REFERRAL COMPANY, LLC



Principal Place of Business	Mailing Address
901 SOUTHEAST MONTEREY COMMONS BOULEVARD SUITE 300 STUART, FL 34996 US	901 SOUTHEAST MONTEREY COMMONS BOULEVARD SUITE 300 STUART, FL 34996 US

DO NOT WRITE IN THIS SPACE



04252006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 80-0026449	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ZARRO, PASQUALE G
100 S.W. ALBANY AVENUE, SUITE 300
STUART, FL 34994

**DO NOT WRITE
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

4-25-06

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ZARRO, PASQUALE G
STREET ADDRESS	100 S.W. ALBANY AVENUE, SUITE 300
CITY-ST-ZIP	STUART, FL 34994

TITLE	MGRM
NAME	BEATTY, SAM J JR.
STREET ADDRESS	100 S.W. ALBANY AVENUE, SUITE 300
CITY-ST-ZIP	STUART, FL 34994

TITLE	MGRM
NAME	BERTHIAUME, ELIZABETH
STREET ADDRESS	100 S.W. ALBANY AVENUE, SUITE 300
CITY-ST-ZIP	STUART, FL 34994

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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

Date

Daytime Phone #

4-25-06