

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000063538

FILED  
Feb 21, 2006  
Secretary of State

Entity Name: JERRY VALENTE, PH.D., J.D., M.B.A., PLC

## Current Principal Place of Business:

6821 SOUTHPOINT DR., NORTH  
SUITE 214  
JACKSONVILLE, FL 32216

## New Principal Place of Business:

6821 SOUTHPOINT DR., NORTH  
SUITE 131  
JACKSONVILLE, FL 32216

## Current Mailing Address:

6821 SOUTHPOINT DR. NORTH  
SUITE 214  
JACKSONVILLE, FL 32216

## New Mailing Address:

6821 SOUTHPOINT DR. NORTH  
SUITE 131  
JACKSONVILLE, FL 32216

FEI Number: 20-1480813

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VALENTE, JERRY R  
6821 SOUTHPOINT DR. NORTH  
SUITE 214  
JACKSONVILLE, FL 32216 US

## Name and Address of New Registered Agent:

VALENTE, JERRY R  
6821 SOUTHPOINT DR. ,NORTH  
SUITE 131  
JACKSONVILLE, FL 32216 US

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:

02/21/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: VALENTE, JERRY R  
Address: 6821 SOUTHPOINT DR., NORTH  
City-St-Zip: JACKSONVILLE, FL 32216

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: VALENTE, JERRY R  
Address: 6821 SOUTHPOINT DR., NORTH, SUITE 131  
City-St-Zip: JACKSONVILLE, FL 32216

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: JERRY VALENTE

MM

02/21/2006

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