
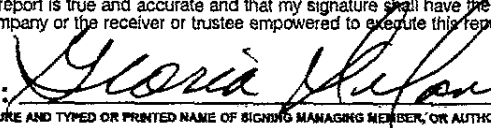


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 14, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # L04000063991</b>		
1. Entity Name <b>BUILDING CONSULTANTS OF CENTRAL FLORIDA LLC</b>		
Principal Place of Business <b>4192 BAYWATER PLACE LAKELAND, FL 33813</b>	Mailing Address <b>4192 BAYWATER PLACE LAKELAND, FL 33813</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>DELANEY, GLORIA 4192 BAYWATER PLACE LAKELAND, FL 33813</b>		<b>DO NOT WRITE IN THIS SPACE</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DELANEY, GLORIA 4192 BAYWATER PLACE LAKELAND, FL 33813	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DELANEY, GERALD 4192 BAYWATER PLACE LAKELAND, FL 33813	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DELANEY, ELIZABETH 4192 BAYWATER PLACE LAKELAND, FL 33813	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  <b>Gloria Delaney</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		Date: <b>4/11/06</b> Daytime Phone #



02032006No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**56-2478527**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 Additional  
Fee Required**

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04/28/06-80031-003 55.00