

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000065405

FILED  
Apr 25, 2006  
Secretary of State

**Entity Name:** FINANCIAL ENGINEERING INSTITUTE, LLC

**Current Principal Place of Business:**

29399 U.S. HWY 19 NORTH, SUITE 350  
CLEARWATER, FL 33761

**New Principal Place of Business:**

**Current Mailing Address:**

29399 U.S. HWY 19 NORTH, SUITE 350  
CLEARWATER, FL 33761

**New Mailing Address:**

**FEI Number:** 55-0882346

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GREGORY, NICHOLAS L  
29399 U.S. HWY 19 NORTH, SUITE 350  
CLEARWATER, FL 33761 US

**Name and Address of New Registered Agent:**

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:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** GREGORY, NICHOLAS L  
**Address:** 29399 US HIGHWAY 19 N.  
**City-St-Zip:** CLEARWATER, FL 33761

**Title:** MGRM ( ) Delete  
**Name:** PERSKY, JONATHAN  
**Address:** P.O. BOX 14281 - 6306 S. MCDILL  
**City-St-Zip:** TAMPA, FL 33690

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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:** NICHOLAS L. GREGORY

MGRM

04/25/2006

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