

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000066517

FILED
Sep 11, 2006
Secretary of State**Entity Name:** LOUGHEED, SCALFARO & COMPANY LLC**Current Principal Place of Business:**442 W. KENNEDY AVE., SUITE 160
TAMPA, FL 33606**New Principal Place of Business:****Current Mailing Address:**442 W. KENNEDY AVE., SUITE 160
TAMPA, FL 33606**New Mailing Address:****FEI Number:** 84-1655784**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LOUGHEED, WILLIAM W
442 W. KENNEDY AVE., SUITE 160
TAMPA, FL 33606 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 (X) Delete
Name: SCALFARO, FRANK A
Address: 604 S. TAMPANIA AVE SUITE B
City-St-Zip: TAMPA, FL 33609**Title:** MGRM () Delete
Name: LOUGHEED, WILLIAM
Address: 11404 GIBRALTER PL
City-St-Zip: TAMPA, FL 33617**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: WILLIAM LOUGHEED

MGRM

09/11/2006

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