2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2006
Secretary of State

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Entity Name: M.T. CAUSLEY PRIVATE PROVIDER SERVICES OF CENTRAL FLORIDA, LLC

Current Principal Place of Business:

97 N.E. 15TH STREET
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

97 N.E. 15TH STREET
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RIVELLINI, PETER A
911 CHESTNUT STREET
CLEARWATER, FL 33756 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: PRES ( ) Delete
Name: CAUSLEY, MICHAEL T MR.
Address: 97 N.E. 15TH STREET
City-St-Zip: HOMESTEAD, FL 33030

ADDITIONS/CHANGES:

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: MICHAEL T. CAUSLEY PRES 01/05/2006

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