



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 30, 2005 8:00 am
Secretary of State

02-14-2005 90174 033 ****50.00

DOCUMENT # L04000081509																																																																																																															
1. Entity Name AUTO TRAINERS OF AMERICA SALES TRAINING & CONSULTING LLC																																																																																																															
Principal Place of Business 1324 SEVEN SPRINGS BLVD #108 NEW PORT RICHEY FL 34655		Mailing Address 1324 SEVEN SPRINGS BLVD #108 NEW PORT RICHEY FL 34655																																																																																																													
2. Principal Place of Business		3. Mailing Address																																																																																																													
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																													
City & State		City & State																																																																																																													
Zip	Country	Zip	Country																																																																																																												
6. Name and Address of Current Registered Agent WERNER, JULENE K 1534 TAWNYBERRY CT. TRINITY FL 34655		7. Name and Address of New Registered Agent																																																																																																													
		Name																																																																																																													
		Street Address (P.O. Box Number is Not Acceptable)																																																																																																													
		City																																																																																																													
		FL Zip Code																																																																																																													
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		DATE																																																																																																													
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when re-registering)																																																																																																													
		1st MOORE CR2E083 (10/04)																																																																																																													
		4. FEI Number 03-055-0872																																																																																																													
		Applied For <input type="checkbox"/> Not Applicable																																																																																																													
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																																																																																																													
9. NAME AND ADDRESS OF CURRENT REGISTERED AGENT		10. ADDITIONS / CHANGES																																																																																																													
<table border="1"> <tr> <td>TITLE</td> <td>PRES</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WERNER, JULENE K</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1534 TAWNYBERRY CT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TRINITY FL 34655</td> <td></td> </tr> <tr> <td>TITLE</td> <td>V P</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DI GRADO, JOANN M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1446 TAWNYBERRY CT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TRINITY FL 34655</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	PRES	<input type="checkbox"/> Delete	NAME	WERNER, JULENE K		STREET ADDRESS	1534 TAWNYBERRY CT		CITY-ST-ZIP	TRINITY FL 34655		TITLE	V P	<input type="checkbox"/> Delete	NAME	DI GRADO, JOANN M		STREET ADDRESS	1446 TAWNYBERRY CT		CITY-ST-ZIP	TRINITY FL 34655		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	PRES	<input type="checkbox"/> Delete																																																																																																													
NAME	WERNER, JULENE K																																																																																																														
STREET ADDRESS	1534 TAWNYBERRY CT																																																																																																														
CITY-ST-ZIP	TRINITY FL 34655																																																																																																														
TITLE	V P	<input type="checkbox"/> Delete																																																																																																													
NAME	DI GRADO, JOANN M																																																																																																														
STREET ADDRESS	1446 TAWNYBERRY CT																																																																																																														
CITY-ST-ZIP	TRINITY FL 34655																																																																																																														
TITLE		<input type="checkbox"/> Delete																																																																																																													
NAME																																																																																																															
STREET ADDRESS																																																																																																															
CITY-ST-ZIP																																																																																																															
TITLE		<input type="checkbox"/> Delete																																																																																																													
NAME																																																																																																															
STREET ADDRESS																																																																																																															
CITY-ST-ZIP																																																																																																															
TITLE		<input type="checkbox"/> Delete																																																																																																													
NAME																																																																																																															
STREET ADDRESS																																																																																																															
CITY-ST-ZIP																																																																																																															
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																													
NAME																																																																																																															
STREET ADDRESS																																																																																																															
CITY-ST-ZIP																																																																																																															
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																													
NAME																																																																																																															
STREET ADDRESS																																																																																																															
CITY-ST-ZIP																																																																																																															
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																													
NAME																																																																																																															
STREET ADDRESS																																																																																																															
CITY-ST-ZIP																																																																																																															
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																													
NAME																																																																																																															
STREET ADDRESS																																																																																																															
CITY-ST-ZIP																																																																																																															
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>JoAnn M DiGrado</i>		Date: <i>2/6/05</i>																																																																																																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #: <i>1-877-318-7246</i>																																																																																																													