

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000085969

FILED
May 01, 2006
Secretary of State

Entity Name: GILLMORE ASSOCIATES ACCOUNTING PRACTICE, LLC

Current Principal Place of Business:

619 ST. JOHNS COURT
WINTER PARK, FL 32792 US

New Principal Place of Business:

1606 WINTER GREEN BOULEVARD
WINTER PARK, FL 32792 US

Current Mailing Address:

POST OFFICE BOX 1024
ORLANDO, FL 32802 US

New Mailing Address:

1606 WINTER GREEN BOULEVARD
WINTER PARK, FL 32792 US

FEI Number: 57-1215066 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GILLMORE, THOMAS J
619 ST. JOHNS COURT
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

GILLMORE, THOMAS J
1606 WINTER GREEN BOULEVARD
WINTER PARK, FL 32792 US

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:

05/01/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GILLMORE, THOMAS J
Address: 619 ST. JOHNS COURT
City-St-Zip: WINTER PARK, FL 32792 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GILLMORE, THOMAS J
Address: 1606 WINTER GREEN BOULEVARD
City-St-Zip: WINTER PARK, FL 32792 US

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: THOMAS J. GILLMORE

MGRM

05/01/2006

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