

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000087313

**FILED**  
**Jan 05, 2006**  
**Secretary of State**

**Entity Name:** FARNSLEY FINANCIAL CONSULTANTS, LLC

**Current Principal Place of Business:**

219-B AVENUE E  
APALACHICOLA, FL 32320

**New Principal Place of Business:**

202 MARINA DRIVE  
SUITE 303  
PORT ST. JOE, FL 32456

**Current Mailing Address:**

219-B AVENUE E  
APALACHICOLA, FL 32320

**New Mailing Address:**

202 MARINA DRIVE  
SUITE 303  
PORT ST. JOE, FL 32456

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

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

FARNSLEY, AARON S  
219-B AVENUE E  
APALACHICOLA, FL 32320    US

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

FARNSLEY, AARON S  
202 MARINA DRIVE  
SUITE 303  
PORT ST. JOE, FL 32456    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: AARON S. FARNSLEY

01/05/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR                      ( ) Delete  
Name: FARNSLEY, AARON  
Address: 7325 RODGERS DRIVE  
City-St-Zip: CALLAWAY, FL 32320

**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: AARON S. FARNSLEY

MGR

01/05/2006

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