

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000094305

FILED
Jun 05, 2006
Secretary of State

Entity Name: PRACTICE RESOURCES, LLC

Current Principal Place of Business:

P.O. BOX 3319
SARASOTA, FL 34230

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3319
SARASOTA, FL 34230

New Mailing Address:

FEI Number: 20-2097872 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:

CLASS, STEVEN
1921 WALDERMERER STREET, STE 512
SARASOTA, FL 34239 US

Name and Address of New Registered Agent:

CLASS, STEVEN
1921 WALDERMERE STREET, STE 512
SARASOTA, FL 34239 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:

06/05/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CLASS, STEVEN
Address: P.O. BOX 3319
City-St-Zip: SARASOTA, FL 34230

Title: MGR () Delete
Name: CLASS, MICHELLE
Address: P.O. BOX 3319
City-St-Zip: SARASOTA, FL 34230

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: STEVEN CLASS

MGR

06/05/2006

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