

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 31, 2006 8:00 am
Secretary of State

07-31-2006 90144 034 ****50.00

DOCUMENT # L05000004666 1. Entity Name THE WEALTH PRESERVATION INSTITUTE, LLC			
Principal Place of Business 8217 PARKSTONE PLACE 207 NAPLES, FL 34120 US		Mailing Address 139 N. WHITTAKER NEW BUFFALO, MI 49117 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 378 River Run Dr. Suite, Apt. #, etc.	
City & State		City & State St. Joseph, Mi	
Zip	Country	Zip 49085	Country USA
6. Name and Address of Current Registered Agent ROCCY, DE FRANCESCO 8217 PARKSTONE PLACE 207 NAPLES, FL, FL 34120		7. Name and Address of New Registered Agent Name ROCCY DE FRANCESCO Street Address (P.O. Box Number is Not Acceptable) 8490 DANBURY BLVD #203 City NAPLES FL Zip Code 34120	
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 <u><i>Roccy De Francesco</i></u> (ROCCY DE FRANCESCO) 7/21/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$50.00 Due by September 8, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DE FRANCESCO, ROCCY 3488 LOREN PATH ST. JOSEPH, MI 49085	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DE FRANCESCO, KARA 3488 LOREN PATH ST. JOSEPH, MI 49085	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DE FRANCESCO, KARA 3488 LOREN PATH ST. JOSEPH, MI 49085	<input type="checkbox"/> Delete	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DE FRANCESCO, KARA 3488 LOREN PATH ST. JOSEPH, MI 49085	<input type="checkbox"/> Delete	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			
Date		Daytime Phone #	