



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90051 025 ****50.00

DOCUMENT # L05000008880 1. Entity Name THE CLIENT ALLIANCE PLAN, LLC					
Principal Place of Business 14212 N. NEBRASKA AVENUE TAMPA, FL 33613			Mailing Address 14212 N. NEBRASKA AVENUE TAMPA, FL 33613		
2. Principal Place of Business 501 N RAO ST Suite, Apt. #, etc.		3. Mailing Address 501 N RAO ST Suite, Apt. #, etc.			
City & State TAMPA FLORIDA		City & State TAMPA FLORIDA		4. FEI Number 20-2282950	
Zip 33609		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BONANNO, ROBERT H 14212 N. NEBRASKA AVENUE TAMPA, FL 33613			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 501 N RAO STREET City TAMPA FL Zip Code 33609		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAMAYO, WILLIAM 3316 W. WALLCRAFT AVENUE TAMPA, FL 33611	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREGORY, ROWLAND E JR. 702 SOUTH EDISON AVENUE TAMPA, FL 33606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALKER, THOMAS V 27846 SHIRLEY SHORES ROAD TAVARES, FL 32278	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCNERNEY, ANDREW J 770 TIMOTHY STREET ORMAND BEACH, FL 32174	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KASTENMAN, CHARLES 7040 32ND AVE N ST PETERSBURG FL 33710	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 		Date 4/27/6		Daytime Phone # 813 383 0050 x147	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					