2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2006 8:00 am
Secretary of State
01-10-2006 90041 001 ****50.00

DOCUMENT # L05000013429

1. Entity Name
ASSET CONSULTANTS LLC

Principal Place of Business	Mailing Address
989 BAL ISLE DR FORT MYERS, FL 33919	989 BAL ISLE DR FORT MYERS, FL 33919

01042006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business: 3914 W. Riverside Dr	3. Mailing Address: 3914 W. Riverside Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Myers, FL	City & State: Fort Myers, FL
Zip: 33901 Country: US	Zip: 33901 Country: US

4. FEI Number: 04-3607509 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HERMAN, ELIZABETH 989 BAL ISLE DR FORT MYERS, FL 33919	Name Street Address (P.O. Box Number is Not Acceptable): 3914 W. Riverside Dr. City: Fort Myers FL Zip Code: 33901

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: Elizabeth Herman 1-6-05
Signature, typed or printed name of registered agent and title if applicable. (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	MGR HERMAN, ELIZABETH 989 BAL ISLE DR FORT MYERS, FL 33919	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3914 W. Riverside Dr. Fort Myers FL 33901	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Elizabeth Herman 1-6-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #