

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000017144

FILED
Jan 05, 2006
Secretary of State

Entity Name: LIFETECH INSTRUCTIONAL SERVICES, LLC

Current Principal Place of Business:

1423 WISCONSIN AVENUE
PALM HARBOR, FL 34683

New Principal Place of Business:

P. O. BOX 371
PALM HARBOR, FL 34682

Current Mailing Address:

1423 WISCONSIN AVENUE
PALM HARBOR, FL 34683

New Mailing Address:

P. O. BOX 371
PALM HARBOR, FL 34682

FEI Number: 20-2360911

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SELBACH, DAVID J
1423 WISCONSIN AVENUE
PALM HARBOR, FL 34683 US

Name and Address of New Registered Agent:

MAY, LESLEY A
P. O. BOX 371
PALM HARBOR, FL 34682 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: LESLEY A. MAY

01/05/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SELBACH, DAVID J
Address: 1423 WISCONSIN AVENUE
City-St-Zip: PALM HARBOR, FL 34683

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SELBACH, DAVID J
Address: P. O. BOX 371
City-St-Zip: PALM HARBOR, FL 34682

Title: MGR () Change (X) Addition
Name: MAY, LESLEY A
Address: P. O. BOX 371
City-St-Zip: PALM HARBOR, FL 34682

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: LESLEY A. MAY

MGR

01/05/2006

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