

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000018280

FILED
May 01, 2006
Secretary of State

Entity Name: CAN'T AFFORD A LAWYER, LLC

Current Principal Place of Business:

3600 S. STATE ROAD 7, SUITE 323
MIRAMAR, FL

New Principal Place of Business:

1802 NORTH ALAFAYA TRAIL
SUITE 129
ORLANDO, FL 32826

Current Mailing Address:

3600 S. STATE ROAD 7, SUITE 323
MIRAMAR, FL

New Mailing Address:

1802 NORTH ALAFAYA TRAIL
SUITE 129
ORLANDO, FL 32826

FEI Number: **FEI Number Applied For (X)** **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:

HANSLEY, CHRISTINE
3600 S. STATE ROAD 7
SUITE 323
MIRAMAR, FL US

Name and Address of New Registered Agent:

HANSLEY, CHRISTINE
1802 NORTH ALAFAYA TRAIL
SUITE 129
ORLANDO, FL 32826 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: _____

05/01/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HANSLEY, CHRISTINE
Address: 3440 S. DOUGLAS ROAD, SUITE 201
City-St-Zip: MIRAMAR, FL 33025

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HANSLEY, CHRISTINE
Address: 1802 NORTH ALAFAYA TRAIL
City-St-Zip: ORLANDO, FL 32826

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: CHRISTINE HANSLEY

MGRM

05/01/2006

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