

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000023776

FILED  
Jan 30, 2006  
Secretary of State

**Entity Name:** ACADEMY OF FLORIDA WEALTH PROTECTION LAWYERS, L.L.C.

**Current Principal Place of Business:**

1245 COURT STREET STE. 102  
CLEARWATER, FL 33756

**New Principal Place of Business:**

**Current Mailing Address:**

1245 COURT STREET STE. 102  
CLEARWATER, FL 33756

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GASSMAN, ALAN S  
1245 COURT STREET STE. 102  
CLEARWATER, FL 33756    US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR                      ( ) Delete  
Name: ALPER, JOHNATHAN  
Address: 274 KIPLING COURT  
City-St-Zip: LAKE MARY, FL 32746

Title: MGR                      ( ) Delete  
Name: GASSMAN, ALAN S  
Address: 1245 COURT STREET STE. 102  
City-St-Zip: CLEARWATER, FL 33756

Title: MGR                      ( ) Delete  
Name: HERSCH, CRAIG R  
Address: 9100 COLLEGE POINTE COURT  
City-St-Zip: FORT MEYERS, FL 33919

Title: MGR                      ( ) Delete  
Name: KLEINFELD, DENIS  
Address: 1 SOUTHEAST 3RD AVENUE  
City-St-Zip: MIAMI, FL 33131

Title: MGR                      ( ) Delete  
Name: MORRIS, STUART R  
Address: 7000 W PALMETTO PARK ROAD  
City-St-Zip: BOCA RATON, FL 33433

**ADDITIONS/CHANGES:**

Title:                                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ALAN S. GASSMAN

MGR

01/30/2006

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