2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000044535

Entity Name: EDOCERO LTD. CO.

FILED May 02, 2006 Secretary of State

Current Principal Place of Business:		New Prince	New Principal Place of Business:	
5711 BOWDEN RD., STE. 13, #321 JACKSONVILLE, FL 32216		13	5711 BOWDEN RD. 13 JACKSONVILLE, FL 32216	
Current Mailing Address:			New Mailing Address:	
5711 BOWDEN RD., STE. 13, #321 JACKSONVILLE, FL 32216		5711 BOW	/DEN RD.	
		13 JACKSON	VILLE, FL 32216	
	1695008 FEI Number Applied For() FEI ith s. 607.193(2)(b), F.S., the limited liability company dress of Current Registered Agent:			
DOZIER, WILE	 =NF	DOZIER, V	 VII ENE	
5711 BOWDEN RD., STE. 13, #321 JACKSONVILLE, FL 32216 US		5711 BOW	5711 BOWDEN RD. 13	
			JACKSONVILLE, FL 32216 US	
The above nar in the State of		se of changing	its registered office or registered agent, or both,	
SIGNATURE:			05/02/2006	
	Electronic Signature of Registered Agent		Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/	ADDITIONS/CHANGES:	
Title:	() Delete	Title:	MEM () Change (X) Addition	
Name:		Name:	DOZIER, CISELY C MS.	
Address: City-St-Zip:		Address: City-St-Zip:	5711 BOWDEN RD. SUITE 13 JACKSONVILLE, FL 32216 US	
Title:	() Delete	Title:	MEM () Change (X) Addition	
Name:		Name:	HAYWOOD, DORA MS.	
Address:		Address:	5711 BOWDEN RD. SUITE 13	
City-St-Zip:		City-St-Zip:	JACKSONVILLE, FL 32216	
Title:	() Delete	Title:	MEM () Change (X) Addition	
Name:		Name:	WESTON, STANLEY MR.	
Address:		Address:	5711 BOWDEN RD. SUITE 13	
City-St-Zip:		City-St-Zip:	JACKSONVILLE, FL 32216	
Title:	() Delete	Title:	MEM () Change (X) Addition	
Name:		Name:	KATEMBO, BARUTI MR.	
Address:		Address:	5711 BOWDEN RD. SUITE 13	
City-St-Zip:		City-St-Zip:	JACKSONVILLE, FL 32216	
Title:	() Delete	Title:	MEM () Change (X) Addition	
Name:		Name:	BARUTI, GINA MS.	
Address:		Address:	5711 BOWDEN RD.SUITE 13	
City-St-Zip:		City-St-Zip:	JACKSONVILLE, FL 32216	
Title:	() Delete	Title:	MEM () Change (X) Addition	
Name:		Name:	TAMMY, PECK MS.	
Address:		Address:	5711 BOWDEN RD. SUITE 13	
City-St-Zip:		City-St-Zip:	JACKSONVILLE, FL. 32216	

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: CISELY DOZIER MEM 05/02/2006