


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90295 046 \*\*\*\*50.00

<b>DOCUMENT # L05000054259</b>	
1. Entity Name <b>WJA CONSULTANTS, LLC</b>	

Principal Place of Business <b>660 W. KENNEDY BLVD. ORLANDO, FL 32810</b>	Mailing Address <b>P.O. BOX 941959 MAITLAND, FL 32794-1959</b>
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2. Principal Place of Business <b>7431 MOTT AVE</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>ORLANDO, FL.</b>	City & State
Zip <b>32810</b>	Country <b>USA</b>



03312006 Chg-LLC CR2E083 (11/05)

4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent		
WALLACE, JOHN D 660 W. KENNEDY BLVD. ORLANDO, FL 32810		
7. Name and Address of New Registered Agent		
Name <b>WALLACE, JOHN D.</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>1106 GUERNSEY ST.</b>		
City <b>ORLANDO</b>		Zip Code <b>FL 32804</b>

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 *John D. Wallace* **J. DOUGLAS WALLACE PRESIDENT** **3/30/2006**  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE)

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALLACE, JOHN D P.O. BOX 941959 MAITLAND, FL 327941959 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *John D. Wallace* **J. DOUGLAS WALLACE** **3/30/06** **407-521-1601**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #