



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90129 032 ****55.00

DOCUMENT # L05000056196					
1. Entity Name JANEIRO & ASSOCIATES, LLC					
Principal Place of Business 6820 STERLING GREENS PLACE SUITE 405 NAPLES, FL 34104			Mailing Address 6820 STERLING GREENS PLACE SUITE 405 NAPLES, FL 34104		
2. Principal Place of Business 5621 Strand Blvd. Suite, Apt. #, etc. Suite 101 City & State Naples, FL Zip 34110 Country Collier		3. Mailing Address 5621 Strand Blvd. Suite, Apt. #, etc. Suite 101 City & State Naples, FL Zip 34110 Country Collier		20007869 	
02112006 Chg-LLC CR2E083 (11/05)		4. FEI Number 20-3217677		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent JANEIRO, JEFFREY M 6820 STERLING GREENS PLACE 405 NAPLES, FL 34104	
7. Name and Address of New Registered Agent Name: Janeiro, Jeffrey M. Street Address (P.O. Box Number is Not Acceptable): 5621 Strand Blvd. Suite 101 City: Naples FL Zip Code: 34110				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: <i>Jeffrey M. Janeiro</i> DATE: 2/11/06 <small>Signature, name or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JANEIRO, JEFFREY M 6820 STERLING GREENS PLACE, SUITE 405 NAPLES, FL 34104	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Janeiro, Jeffrey M. 5621 Strand Blvd, suite 101 Naples, FL 34110	<input checked="" 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: <i>Jeffrey M. Janeiro</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: 2/11/06 Daytime Phone #: (239) 513-2324		