Jan 06 06 10:03a Tew Cardenas

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90005 034 ****55.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000060963

1. Entity Name
THE ADVOCACY GROUP AT TEW CARDENAS, LLC

Principal Place of Business	Mailing Address
215 S. MONROE STREET SUITE 702 TALLAHASSEE, FL 32301	215 S. MONROE STREET SUITE 702 TALLAHASSEE, FL 32301

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01062006 Chg-LLC CR2E083 (11/05)

4. FEI Number 13-4301022 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEHMAN, THOMAS R P.A. 1441 BRICKELL AVENUE FOUR SEASONS TOWER 15TH FL MIAMI, FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when executing)

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	MGR TEW CARDENAS, LLP 101 NORTH MONROE STREET STE 101 TALLAHASSEE, FL 32301	☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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 605, Florida Statutes.

SIGNATURE: Thomas R. Lehman Member 2.27.06 305 536 1112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #