2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000061271

Entity Name: ONE PLAN B, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
8500 ORANGE AVENUE FORT PIERCE, FL 34945	8400 ORANGE AVENUE FORT PIERCE, FL 34945

Current Mailing Address:	**New Mailing Address:**
8500 ORANGE AVENUE FORT PIERCE, FL 34945	8400 ORANGE AVENUE FORT PIERCE, FL 34945

FEI Number: 20-3025544   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
ALANIS, JOSE 8500 ORANGE AVENUE FORT PIERCE, FL 34945 US	ALANIS, JOSE 8400 ORANGE AVENUE FORT PIERCE, FL 34945 US

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: _____   04/25/2006
                    Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGRM ( ) Delete		Title:	MGRM (X) Change ( ) Addition
Name:	ALANIS, JOSE		Name:	ALANIS, JOSE
Address:	8500 ORANGE AVENUE		Address:	8400 ORANGE AVENUE
City-St-Zip:	FORT PIERCE, FL 34945		City-St-Zip:	FORT PIERCE, FL 34945
Title:	MGRM ( ) Delete		Title:	MGRM (X) Change ( ) Addition
Name:	DAVIS, JAMES N III		Name:	DAVIS, JAMES N III
Address:	8500 ORANGE AVENUE		Address:	8400 ORANGE AVENUE
City-St-Zip:	FORT PIERCE, FL 34945		City-St-Zip:	FORT PIERCE, FL 34945

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: JOSE ALANIS   MGRM   04/25/2006
                    Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date