


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90054 008 \*\*\*\*50.00

<b>DOCUMENT # L05000061827</b>					
1. Entity Name <b>CORLISS AND BUZZARD, LLC</b>					
Principal Place of Business <b>4004 ESTANCIA WAY MELBOURNE, FL 32934</b>			Mailing Address <b>4004 ESTANCIA WAY MELBOURNE, FL 32934</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-3188975</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>ANDERSON, J. PATRICK 930 S. HARBOR CITY BLVD., SUITE 505 MELBOURNE, FL 32901</b>			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing.)</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	TITLE	NAME
	<b>NANCY E. BUZZARD</b>	<b>4004 ESTANCIA WAY</b>	<b>MELBOURNE FL 32934</b>		
	<b>DAVID P. CORLISS</b>	<b>3630 CHARDONWAY DR</b>	<b>ROCKLEDGE FL 32955</b>		
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: <b>Nancy E. Buzzard</b>			Date: <b>4/12/06</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone # <b>321-259 6291</b>		

# ATTACHMENT

30006611

Corliss and Buzzard, LLC  
4004 Estancia Way  
Melbourne, FL 23934

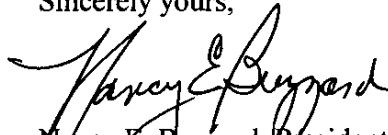
April 28, 2006

Florida Department of State  
P. O. Box 6478  
Tallahassee, Florida 32314

REF NO: L05000061827

Enclosed is a corrected business report which now includes the titles, names and addresses of the managing members.

Sincerely yours,



Nancy E. Buzzard, President  
Corliss and Buzzard, LLC

Enclosure: 2006 Limited Liability Company Annual Report