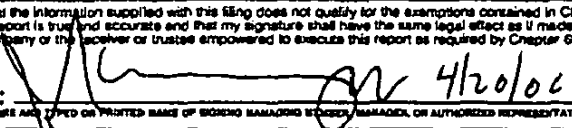


FILED
Jun 19, 2006 8:00 am
Secretary of State

04-24-2006 90046 028 ****50.00

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000062981			
1. Entity Name JOHN DSURNEY, PHD, L.L.C.			
Principal Place of Business 515 SUWANEE CIRCLE TAMPA, FL 33606		Mailing Address 515 SUWANEE CIRCLE TAMPA, FL 33606	
2. Principal Place of Business 43 Davis Boulevard Suite, Apt. #, etc.		3. Mailing Address 43 Davis Boulevard Suite, Apt. #, etc.	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33606	Country USA	Zip 33606	Country USA
4. FEI Number 20-3074816		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ANGELICI, LINA ONE TAMPA CITY CENTER, SUITE 2600 WILLIAMS SCHIFINO MANGIONE & STEADY, P.A. TAMPA, FL 33602		7. Name and Address of New Registered Agent 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 Signature, word or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when terminating) DATE			
Filing Fee is \$50.00 Due by May 1, 2008		Make check payable to Florida Department of State	
a. MANAGING MEMBERS/MANAGERS		b. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP Managing Member John Dsurney PhD 43 Davis Blvd Tampa, FL - 33606		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date 4/20/06 813-259-9060 Devere Phone #	