

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000065783

FILED
May 04, 2006
Secretary of State

Entity Name: ALAN AND JEAN LESTOURGEON, LLC

Current Principal Place of Business:

212 OLIVICK CIRCLE, N.E.
PALM BAY, FL 32907

New Principal Place of Business:

Current Mailing Address:

212 OLIVICK CIRCLE, N.E.
PALM BAY, FL 32907

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SCOTT C. DIXON, P.A.
2202 SOUTH BABCOCK STREET
SUITE 200
MELBOURNE, FL 32901 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LESTOURGEN, ALAN
Address: 212 OLIVICK CIRCLE, N.E.
City-St-Zip: PALM BAY, FL 32907

Title: MGRM () Delete
Name: LESTOURGEN, JEAN
Address: 212 OLIVICK CIRCLE, N.E.
City-St-Zip: PALM BAY, FL 32907

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LESTOURGEON, ALAN
Address: 212 OLIVICK CIRCLE, N.E.
City-St-Zip: PALM BAY, FL 32907

Title: MGRM (X) Change () Addition
Name: LESTOURGEON, JEAN
Address: 212 OLIVICK CIRCLE, N.E.
City-St-Zip: PALM BAY, FL 32907

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: JEAN LESTOURGEON

MGRM

05/04/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date