2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/

FILED
May 08, 2006 8:00 am
Secretary of State

04-13-2006 90032 037 ****50.00

DOCUMENT # L05000066673

1. Entity Name
BUSINESS-COACHES, LLC

Principal Place of Business
6433 LOCH LOMMOND DRIVE
KEYSTONE HEIGHTS, FL 32656 US

Mailing Address
6433 LOCH LOMMOND DRIVE
KEYSTONE HEIGHTS, FL 32656 US

2. Principal Place of Business: 6387 Loch Lommond dr
Suite, Apt. #, etc.: -
City & State: Keystone Heights FL
Zip: 32656 Country: US

3. Mailing Address: 6387 Loch Lommond dr
Suite, Apt. #, etc.: -
City & State: Keystone Heights FL
Zip: 32656 Country: US

03242006 Chg-LLC CR2E083 (11/05)

4. FEI Number: 20-4905092 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
NEWELL, PAUL D JR.
260A LAWRENCE BLVD.
SUITE 201
KEYSTONE HEIGHTS, FL 32656

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

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM ☐ Delete
NAME	OBERG, GORDON F
STREET ADDRESS	6433 LOCH LOMMOND DRIVE
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS / CHANGES

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ 3/24/06 352-473-3232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #