2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03242006 Chg-LLC CR2E083 (11/05)

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

4. FEI Number 20-4805092 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NEWELL, PAUL D JR. 260A LAWRENCE BLVD. SUITE 201 KEYSTONE HEIGHTS, FL 32656	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 reinstating)

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	MGRM OBERG, GORDON F 6433 LOCH LOMMOND DRIVE KEYSTONE HEIGHTS, FL 32656	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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 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: Gordon F. Oberg 3/24/06 352-473-3232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #