

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000072771

FILED
Apr 29, 2006
Secretary of State

Entity Name: INSTITUTE OF FAMILY STUDIES, LLC

Current Principal Place of Business:

108 ROBIN ROAD, SUITE 2006
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

108 ROBIN ROAD, SUITE 2006
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 56-2531614

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OSSES, KATHERINE M
5415 LAKE HOWELL ROAD, #203
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

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: SEAN P. JENNINGS, PS, Y.D., INC.
Address: 108 ROBIN ROAD, SUITE 2006
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: MGRM () Delete
Name: ADVANCED PSYCHOLOGIC, AL ASSOCIATES, INC.
Address: 5415 LAKE HOWELL ROAD, E203
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JENNINGS, SEAN P MGR
Address: 108 ROBIN ROAD, SUITE 2006
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: MGRM (X) Change () Addition
Name: OSSES, KATHERINE M MGR
Address: 5415 LAKE HOWELL ROAD, E203
City-St-Zip: WINTER PARK, FL 32792

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: KATHY OSSES

MGRM

04/29/2006

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