


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90004 014 ****50.00

DOCUMENT # L05000081746 1. Entity Name JOANNE BOCK-ACKERMAN, LLC					
Principal Place of Business 3823 PENDLEBURY DRIVE PALM HARBOR, FL 34685			Mailing Address 3823 PENDLEBURY DRIVE PALM HARBOR, FL 34685		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1040 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			7. Name and Address of New Registered Agent Name JOANNE BOCK-ACKERMAN Street Address (P.O. Box Number is Not Acceptable) 3823 PENDLEBURY DRIVE City PALM HARBOR FL 34685		
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 <i>Joanne Bock-Ackerman</i> Joanne Bock-Ackerman, Operating Manager DATE 3/7/06 <small>(NOTE: Registered Agent signature required when reinstating.)</small>			4. FEI Number 20-3331926 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
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	MGR BOCK-ACKERMAN, JOANNE 3823 PENDLEBURY DRIVE PALM HARBOR, FL 34685	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 <i>Joanne Bock-Ackerman</i> Joanne Bock-Ackerman, Operating Manager DATE 3/7/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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