

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000095357

FILED
May 12, 2006
Secretary of State

Entity Name: SAMUELSON, HEERS, AND ASSOCIATES LLC

Current Principal Place of Business:

5843 THISLEDOWN COURT
WEST PALM BEACH, FL 33415 US

New Principal Place of Business:

Current Mailing Address:

5843 THISLEDOWN COURT
WEST PALM BEACH, FL 33415 US

New Mailing Address:

FEI Number: 20-3562336 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

HEERS, RICK
640 HIBISCUS DRIVE
ROYAL PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

SAMUELSON, DAVE
5843 THISLEDOWN CT.
WEST PALM BEACH, FL 33415 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: DAVE SAMUELSON

05/12/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HEERS, RICK
Address: 5843 THISLEDOWN COURT
City-St-Zip: WEST PALM BEACH, FL 33415 US

Title: MGR () Delete
Name: SAMUELSON, DAVE
Address: 5843 THISLEDOWN COURT
City-St-Zip: WEST PALM BEACH, FL 33415 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DAVE SAMUELSON

CEO

05/12/2006

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