2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 07, 2006
Secretary of State

DOCUMENT# L05000108781

Entity Name: FDAP, LLC

Current Principal Place of Business:

2525 DRANE FIELD ROAD
LAKELAND, FL 33811

New Principal Place of Business:

2525 DRANE FIELD ROAD
STE. 3
LAKELAND, FL 33811

Current Mailing Address:

2525 DRANE FIELD ROAD
LAKELAND, FL 33811

New Mailing Address:

2525 DRANE FIELD ROAD
STE. 3
LAKELAND, FL 33811

FEI Number: 02-3767175 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

HANAN, BENJAMIN R
240 S. PINEAPPLE AVE., 10TH FLOOR
SARASOTA, FL 34236 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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: FIELDING, DICKEY H V
Address: 2525 DRANE FIELD RD., STE. 3
City-St-Zip: LAKELAND, FL 33811

Title: MGRM ( ) Change (X) Addition
Name: AL PURORT INSURANCE,, INC.
Address: 3340 BEE RIDGE ROAD
City-St-Zip: SARASOTA, FL 34239

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: FIELDING H. DICKEY, V MGRM 07/07/2006

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