



# 2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 DEC -8 AM 9:11

<b>DOCUMENT # L05000108781</b>					
<b>1. Entity Name</b> FDAP, LLC					
<b>Principal Place of Business</b> 2525 DRANE FIELD ROAD STE. 3 LAKE LAND, FL 33811			<b>Mailing Address</b> 2525 DRANE FIELD ROAD STE. 3 LAKE LAND, FL 33811		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
HANAN, BENJAMIN R 240 S. PINEAPPLE AVE., 10TH FLOOR SARASOTA, FL 34236				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				State <b>FL</b> Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Amended AR is \$50.00</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FIELDING, DICKEY H V 2525 DRANE FIELD RD., STE. 3 LAKE LAND, FL 33811	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Dickey, V, Fielding H. 2525 Drane Field Rd., Ste. # Lakeland, FL 33811	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AL PURORT INSURANCE, INC. 3340 BEE RIDGE ROAD SARASOTA, FL 34239	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300082407613 12/08/06--01062---001 **50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Fielding H. Dickey, V.</u> <b>Fielding H. Dickey, V, Manager</b> <u>12/5/06</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					