2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# L05000111460

Entity Name: C. BUDDE CPA, P.L.

Current Principal Place of Business:

6719 WINKLER ROAD
SUITE 112
FORT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

6719 WINKLER ROAD
SUITE 112
FORT MYERS, FL 33919

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUDDE, CYRIL J JR.
6719 WINKLER ROAD
SUITE 112
FORT MYERS, FL 33919 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: BUDDE, CYRIL J JR.
Address: 6719 WINKLER ROAD, SUITE 112
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES:

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: CYRIL J. BUDDE, JR. MR. 04/28/2006

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