



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-03-2006 90070 042 ****50.00
L05000118046

FILED
06 MAY 16 PM 2: 03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000118046					
1. Entity Name JEANNE K. MILLS AND ASSOCIATES, LC					
Principal Place of Business 6760 HOLLANDAIRE DRIVE WEST BOCA RATON, FL 33433			Mailing Address 6760 HOLLANDAIRE DRIVE WEST BOCA RATON, FL 33433		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 03252006 Chg-LLC CR2E083 (11/05)	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MILLS, JEANNE K 6760 HOLLANDAIRE DRIVE WEST BOCA RATON, FL 33433			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
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	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILLS, JEANNE K	NAME			
STREET ADDRESS	6760 HOLLANDAIRE DRIVE WEST	STREET ADDRESS			
CITY - ST - ZIP	BOCA RATON, FL 33433	CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
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: <u>JEANNE K. MILLS</u> 		Date: <u>3/25/06</u>		Daytime Phone #: <u>861-213-6931</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					