

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000056090

**FILED**  
**Jan 10, 2007**  
**Secretary of State**

**Entity Name:** FELTEN PROFESSIONAL ADJUSTMENT TEAM, LLC

**Current Principal Place of Business:**

18639 AUTUMN LAKE BLVD.  
HUDSON, FL 34667

**New Principal Place of Business:**

18639 AUTUMN LAKE BLVD.  
HUDSON, FL 34667 US

**Current Mailing Address:**

18639 AUTUMN LAKE BLVD.  
HUDSON, FL 34667

**New Mailing Address:**

P.O.BOX 3977  
SPRING HILL, FL 34611 US

**FEI Number:** 20-5005451

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COLEMAN, ANTHONY G JR.  
3275 W. HILLSBORO BLVD., STE. 207  
DEERFIELD BEACH, FL 33442 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:

**ADDITIONS/CHANGES:**

Title: PRES ( ) Change (X) Addition  
Name: FELTEN, JOHN H PRES  
Address: 18639 AUTUMN LAKE BLVD  
City-St-Zip: HUDSON, FL 34667 US

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: JOHN FELTEN

PRES

01/10/2007

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