2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L98000001287

1. Entity Name
SPRAKER, FITZGERALD, TAMAYO & MOISAND, L.L.C.

Principal Place of Business	Mailing Address
601 S. LAKE DESTINY RD., #165 MAITLAND, FL 32751-7482	601 S. LAKE DESTINY RD., #165 MAITLAND, FL 32751-7482

01132006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3528844
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FITZGERALD, CHARLES E
601 S. LAKE DESTINY RD., SUITE 165
MAITLAND, FL 32751

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	SPRAKER, SUSAN S
STREET ADDRESS	161 WHITE OAK CIRCLE
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	MGRM
NAME	FITZGERALD, CHARLES E III
STREET ADDRESS	8348 AMBER OAK DRIVE
CITY-ST-ZIP	ORLANDO, FL 32817
TITLE	MGRM
NAME	TAMAYO, RONALD
STREET ADDRESS	132 CHERRY CREEK CIRCLE
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	MGRM
NAME	MOISAND, DANIEL B
STREET ADDRESS	569 PARKWOOD WAY
CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000001994754
01/26/06-80024-007 50.00

DO NOT WRITE IN THIS SPACE

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: _____ 1-16-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #