## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

## Apr 21, 2006 8:00 am Secretary of State **DOCUMENT # M0400000382** 04-21-2006 90016 050 \*\*\*\*50.00 1. Entity Name DUE DILIGENCE CONSULTING, LLC 20033959 Principal Place of Business Mailing Address 800 FIFTH AVENUE SOUTH 800 FIFTH AVENUE SOUTH SUITE 203 SUITE 203 NAPLES, FL 34102 NAPLES, FL 34102 2. Principal Place of Business 217 A Sthat! 3. Mailing Address 217 A Bth Ave. South Suite, Apt. #, etc. Suite, Apt. #, etc. 04102006 Chg-LLC CR2E083 (11/05) City & State Applied For 4. FEI Number Çity & Ştate Not Applicable Naples Japle 32-0096483 Zip Country \$5.00 Additional Country 5. Certificate of Status Desired 34102 <del>1</del>102 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Barake H BARAKETT, PETER x Number is Not Acceptable) Street Address 800 FIFTH AVENUE SOUTH **SUITE 203** NAPLES, FL 34102 c34102 Naples of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose the obligations of registered agent. SIGNATURE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM MGRM ☐ Delete TITLE Change ☐ Addition TITLE BARAKETT, PETER 217A BTH AVE. SOUTH BARAKETT, PETER NAME NAME 800 FIFTH AVENUE SOUTH STREET ADDRESS STREET ADDRESS NAPLES, FL 34102 CITY-ST-ZIP NAPLES, FL 34102 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE 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 ex the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

239-434-6545