


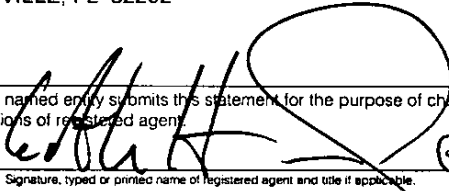



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000007988 1. Entity Name ATS HR CONSULTING, LLC					FILED 06 MAY 15 PM 1:42 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 9700 PHILIPS HIGHWAY, SUITE 108 JACKSONVILLE, FL 32256		Mailing Address 9700 PHILIPS HIGHWAY, SUITE 108 JACKSONVILLE, FL 32256			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02082006 Chg-LLC CR2E083 (11/05)	
City & State		City & State		4. FEI Number 02-0575426	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Applied For Not Applicable					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MILAM & HOWARD, P.A. 50 NORTH LAURA STREET, SUITE 2900 JACKSONVILLE, FL 32202				M ^{rs} Pam Howard N. candri Dees, Gillam P.A. Street Address (P.O. Box Number is Not Acceptable) 208 N. Laura St #800 City Jacksonville FL Zip Code 32202	
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 		G. Alan Howard, President		DATE 2-8-06	
Signature, typed or printed name of registered agent and title if applicable.		(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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM ATS SERVICES, INC 9700 PHILIPS HWY STE 101 JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700076201597 06/14/06--01036--003 **250.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNS, JAMES C 9700 PHILIPS HWY STE 108 JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 		Date 2/13/06		Daytime Phone # (904) 224-1246	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	