


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # M05000005915
1. Entity Name
RESOURCE CONSULTING, LLC



Principal Place of Business Mailing Address
**741 DELGADO DRIVE, RESOURCE SUITE
BATON ROUGE, LA 70808** **741 DELGADO DRIVE, RESOURCE SUITE
BATON ROUGE, LA 70808**



01052006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
72-1400433 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**MARCIAL, MINETTE
830 WEST PRINCETON STREET
ORLANDO, FL 32804**

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

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GRIMBALL, ROSS 741 DELGADO DRIVE, RESOURCE SUITE BATON ROUGE, LA 70808
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GRIMBALL, CARLA 741 DELGADO DRIVE, RESOURCE SUITE BATON ROUGE, LA 70808
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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: R. GRIMBALL Date: 1-5-6 Daytime Phone #: 225 761-9909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE