



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90130 005 ****50.00

DOCUMENT # L01000002434 1. Entity Name FIRST STREET PAYROLL SERVICES, LLC					
Principal Place of Business 816 SW MAIN BLVD LAKE CITY, FL 32025				Mailing Address 816 SW MAIN BLVD LAKE CITY, FL 32025	
2. Principal Place of Business 4424 NW American Lane Suite, Apt. #, etc. Suite 101 City & State Lake City FL Zip 32055		3. Mailing Address 4424 NW American Lane Suite, Apt. #, etc. Suite 101 City & State Lake City FL Zip 32055			
02062006 Chg-LLC CR2E083 (11/05)				4. FEI Number 59-3697386	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MOSES, JR, PHILIP J 816 SW MAIN BLVD LAKE CITY, FL 32025			7. Name and Address of New Registered Agent Name Moses, Jr, Philip J Street Address (P.O. Box Number is Not Acceptable) 4424 NW American Lane Suite 101 City Lake City FL Zip Code 32055		
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 <u><i>Philip J Moses</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>2/10/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
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	MGR ODOM, MOSES & CO, LLP 816 SW MAIN BLVD LAKE CITY, FL 32055	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Odom, Moses & Company, LLP 4424 NW American Lane Suite 101 Lake City FL 32055
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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: <u><i>Philip J Moses</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>2/10/06</u>		Daytime Phone # <u>386-752-4621</u>