

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000005628

FILED
Jul 06, 2006
Secretary of State

Entity Name: PROFESSIONAL CONSULTING ASSOCIATES, LLC

Current Principal Place of Business:

1429 OLDE FORGE LN
WOODSTOCK, GA 30189

New Principal Place of Business:

P.O. BOX 61764
FORT MYERS, FL 33906

Current Mailing Address:

1429 OLDE FORGE LN
WOODSTOCK, GA 30189

New Mailing Address:

P.O. BOX 61764
FORT MYERS, FL 33906

FEI Number: 52-2316758 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ALEXANDER, J. NICHOLAS JR ESQ
2037 CARNES AVE
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

ALEXANDER, J. NICKOLAS JR ESQ
2037 CARNES AVE
ORANGE PARK, FL 32073 US

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.

SIGNATURE: J. NICKOLAS ALEXANDER, JR.

07/06/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ALEXANDER, NICHOLAS C
Address: 1429 OLDE FORGE LN
City-St-Zip: WOODSTOCK, GA 30189

Title: MGRM () Delete
Name: ALEXANDER, LISA M
Address: 1429 OLDE FORGE LN
City-St-Zip: WOODSTOCK, GA 30189

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ALEXANDER, NICHOLAS C
Address: P.O. BOX 61764
City-St-Zip: FORT MYERS, FL 33906

Title: MGRM (X) Change () Addition
Name: ALEXANDER, LISA M
Address: P.O. BOX 61764
City-St-Zip: FORT MYERS, FL 33906

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LISA MARIE ALEXANDER

MGRM

07/06/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date