

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000019782

Entity Name: RELATIONAL RESOURCES, L.L.C.

FILED  
Feb 15, 2006  
Secretary of State

## Current Principal Place of Business:

1300 NE 3RD STREET, UNIT 14  
FORT LAUDERDALE, FL 33301

## New Principal Place of Business:

2424 SE 17TH ST.,  
UNIT B210  
FORT LAUDERDALE, FL 33316

## Current Mailing Address:

1300 NE 3RD STREET, UNIT 14  
FORT LAUDERDALE, FL 33301

## New Mailing Address:

2424 SE 17TH ST.,  
UNIT B210  
FORT LAUDERDALE, FL 33316

FEI Number: 65-1148239

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HUTCHINSON, GREGORY G  
1300 NE 3RD STREET, UNIT 14  
FORT LAUDERDALE, FL 33301 US

## Name and Address of New Registered Agent:

HUTCHINSON, GREGORY G  
2424 SE 17TH ST.,  
UNIT B210  
FORT LAUDERDALE, FL 33316 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: GREGORY G. HUTCHINSON

02/15/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: HUTCHINSON, GREGORY  
Address: 1300 NE 3RD STREET, UNIT 14  
City-St-Zip: FORT LAUDERDALE, FL 33301

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: HUTCHINSON, GREGORY  
Address: 2424 SE 17TH ST., UNIT B210  
City-St-Zip: FORT LAUDERDALE, FL 33316

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: GREGORY G. HUTCHINSON

MGR

02/15/2006

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