

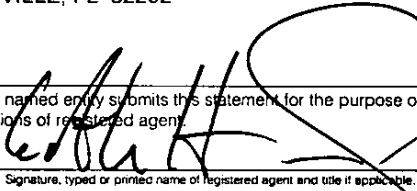



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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.					
City & State		City & State					
Zip		Zip					
Country		Country		02082006 Chg-LLC CR2E083 (11/05)			
4. FEI Number 02-0575426				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required			
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				Milam 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			
Signature, typed or printed name of registered agent and title if applicable.				DATE 2-8-06			
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700076201597 06/14/06--01036--003 **250.00				
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: 				2/13/06			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date			
				Daytime Phone # (904) 224-1246			