

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000018295

Entity Name: ADVANCE SOLUTIONS, L.L.C.

FILED
Mar 16, 2006
Secretary of State

Current Principal Place of Business:

6150 DIAMOND CENTRE CT BLDG 1300
FORT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

6150 DIAMOND CENTRE CT BLDG 1300
FORT MYERS, FL 33912

New Mailing Address:

FEI Number: 37-1436610

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLISON, JANET E
6150 DIAMOND CENTRE COURT, BLDG. 1300
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: THIBAUT, RANDY
Address: 6150 DIAMOND CENTRE CT BLDG 1300
City-St-Zip: FORT MYERS, FL 33912

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V () Change (X) Addition
Name: ALLISON, JANET E
Address: 6150 DIAMOND CENTRE CT BLDG 1300
City-St-Zip: FORT MYERS, FL 33912

Title: V () Change (X) Addition
Name: KERVER, W MICHAEL
Address: 6150 DIAMOND CENTRE CT BLDG 1300
City-St-Zip: FORT MYERS, FL 33912

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: RANDY THIBAUT

MGR

03/16/2006

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