

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000019235

FILED
Apr 20, 2007
Secretary of State

Entity Name: THE PENSION RESOURCE CENTER, LLC

Current Principal Place of Business:

4360 NORTHLAKE BLVD.
SUITE 206
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

4360 NORTHLAKE BLVD.
SUITE 206
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 36-4504183

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BAUR, J. SCOTT
4360 NORTHLAKE BLVD.
SUITE 206
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

BAUR, J. SCOTT CEO
4360 NORTHLAKE BLVD.
SUITE 206
PALM BEACH GARDENS, FL 33410 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 SCOTT BAUR

04/20/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BAUR, J. SCOTT
Address: 4360 NORTHLAKE BLVD.
City-St-Zip: PALM BEACH GARDENS, FL 33410

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BAUR, J. SCOTT CEO
Address: 4360 NORTHLAKE BLVD. SUITE 206
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: PART () Change (X) Addition
Name: MCNEILL, DENISE M PARTNER
Address: 4360 NORTHLAKE BLVD. SUITE 206
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: J SCOTT BAUR

CEO

04/20/2007

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