

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L02000032439

1. Entity Name
LIFELINKS CONSULTING, LLC



Principal Place of Business
2152 BELLCREST CIRCLE
ROYAL PALM BEACH, FL 33411

Mailing Address
2152 BELLCREST CIRCLE
ROYAL PALM BEACH, FL 33411

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PASTRAN, DEBORAH K ESQ
333 N.E. 8 STREET
HOMESTEAD, FL 33030

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HASTINGS, MARCIA 2152 BELLCREST CIRCLE ROYAL PALM BEACH, FL 33411
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**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED
May 02, 2006 08:00 AM
Secretary of State