


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90039 036 ****50.00

DOCUMENT # L02000032838	
1. Entity Name EMPLOYEE RESOURCE GROUP, LLC	

Principal Place of Business 4476 LEGENDARY DRIVE DESTIN, FL 32541	Mailing Address 4476 LEGENDARY DRIVE DESTIN, FL 32541
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2. Principal Place of Business 1400 30th Street Suite, Apt. #, etc. 2nd Floor Suite B City & State Niceville FL Zip 32578 Country US	3. Mailing Address 1400 30th Street Suite, Apt. #, etc. 2nd Floor Ste B City & State Niceville FL Zip 32578 Country US
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04102006 Chg-LLC CR2E083 (11/05)

4. FEI Number 75-3089825	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 JOHNSON, THERESA 4476 LEGENDARY DRIVE DESTIN, FL 32541	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1400 30th Street 2nd Floor Ste B City Niceville FL Zip Code 32578
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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  **Theresa Johnson** DATE **4-12-06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR JOHNSON, THERESA 4544 SOUTHWINDS II DRIVE DESTIN, FL 32541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1400 30th St. 2nd FL Ste B Niceville, Florida 32578
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR JOHNSON, MARTY 4544 SOUTHWINDS II DRIVE DESTIN, FL 32541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1400 30th St. 2nd Fl. Ste B Niceville FL 32578
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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:  **Theresa Johnson** DATE **4-12-06** Daytime Phone # **606 436 0736**

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