


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90003 001 \*\*\*\*55.00

<b>DOCUMENT # L03000014149</b> 1. Entity Name WORKERS OCCUPATIONAL RESOURCE CENTER, LLC	
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Principal Place of Business 5912 TARAWOOD DRIVE ORLANDO, FL 32819	Mailing Address 5912 TARAWOOD DRIVE ORLANDO, FL 32819
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60014400

2. Principal Place of Business 7751 Kingspointe Parkway Suite, Apt. #, etc. Suite 114 City & State Orlando, FL Zip 32819 Country USA	3. Mailing Address 7751 Kingspointe Parkway Suite, Apt. #, etc. Suite 114 City & State Orlando, FL Zip 32819 Country USA
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03032006 Chg-LLC CR2E083 (11/05)

4. FEI Number 68-0550959	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 SNEDDON, JOCK M 5912 TARAWOOD DRIVE ORLANDO, FL 32819	7. Name and Address of New Registered Agent Name Jock M. Sneddon Street Address (P.O. Box Number is Not Acceptable) 8878 Gray Hawk Pt. City Orlando FL Zip Code 32836
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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 Jock M. Sneddon MGR Jock M. Sneddon 3/6/06  
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 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 SNEDDON, JOCK M MGR 7751 KINGSPONTE PKWY SUITE 114 ORLANDO, FL 32819 <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
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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

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: Jock M. Sneddon Jock M. Sneddon 3/6/06 407-581-9672  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #