

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000022085

FILED
Jun 07, 2006
Secretary of State

Entity Name: THE FLORIDA EHS ROUNDTABLE, LLC

Current Principal Place of Business:

212 N MILL VIEW WAY
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

121 WINDWARD WAY
INDIAN HARBOUR BEACH, FL 32937

Current Mailing Address:

212 N MILL VIEW WAY
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

121 WINDWARD WAY
INDIAN HARBOUR BEACH, FL 32937

FEI Number: 06-1698861 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PICKERT, ROBERT C
212 N MILL VIEW WAY
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

PICKERT, ROBERT C
121 WINDWARD WAY
INDIAN HARBOUR BEACH, FL 32937 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: _____

06/07/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: PICKERT, ROBERT C
Address: 212 N MILL VIEW WAY
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: PICKERT, ROBERT C
Address: 121 WINDWARD WAY
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

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: ROBERT C. PICKERT

PRES

06/07/2006

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