

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90034 023 ****50.00

**2006 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L03000035211			
1. Entity Name HAR-MONEY CONSULTING, L.L.C.			
Principal Place of Business ALBUQUERQUE STE D-3 #330 ALBUQUERQUE, NM 87120		Mailing Address 8201 GOLF COURSE ROAD, NW, SUITE D-3 #330 ALBUQUERQUE, NM 87120	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 56-2467678		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BAXLEY, MILTON H II 1928 N.W. 12TH TERRACE GAINESVILLE, FL 32609		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when resigning)			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM EAP CORPORATION 606 NORTH RAINBOW BLVD STE 360 LAS VEGAS, NV 89167 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	10161 Park Run Drive Suite 100 Las Vegas, NV 89145 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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 of the company, and I am executing this report as required by Chapter 805, Florida Statutes.			
SIGNATURE: <u>Mark E. Swanson</u>		Date: <u>4/18/06</u> 702-242-9264	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

20039204



04182006 Chg-LLC CR2ED83 (11/05)

ATTACHMENT 20039204
#L03000035211



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314

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ANNUAL REPORT NOTICE

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HAR-MONEY CONSULTING, L.L.C.
8201 GOLF COURSE ROAD, NW,
SUITE D-3 #330
ALBUQUERQUE NM 87120-5841

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OPTION 3 - Receive a form by mail - Allow up to 28 days total processing time.

- Detach this postcard.
- Enter address to mail report to, if different from preprinted address.
- Affix postage on reverse side and mail.

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