

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000050524

FILED
Jul 04, 2006
Secretary of State

Entity Name: NONPROFIT MANAGEMENT CONSULTING, LLC

Current Principal Place of Business:

240 NW 2ND AVENUE
HIGH SPRINGS, FL 32643 US

New Principal Place of Business:

5015 NW 24TH DRIVE
GAINESVILLE, FL 32605 US

Current Mailing Address:

PO BOX 2076
HIGH SPRINGS, FL 32655 US

New Mailing Address:

5015 NW 24TH DRIVE
GAINESVILLE, FL 32605 US

FEI Number: 20-0452704 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

PETERS, JEANNETTE
240 NW 2ND AVENUE
HIGH SPRINGS, FL 32643 US

Name and Address of New Registered Agent:

PETERS, JEANNETTE
5015 NW 24TH DRIVE
GAINESVILLE, FL 32605 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: JEANNETTE PETERS

07/04/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PETERS, JEANNETTE
Address: 240 NW 2ND AVENUE
City-St-Zip: HIGH SPRINGS, FL 32643 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PETERS, JEANNETTE
Address: 5015 NW 24TH DRIVE
City-St-Zip: GAINESVILLE, FL 32605 US

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: JEANNETTE PETERS

MGRM

07/04/2006

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