

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000029293

FILED  
Apr 25, 2005  
Secretary of State

**Entity Name:** PAUL NAPIER BEHAVIORAL CONSULTATION SERVICES LLC

**Current Principal Place of Business:**

132 MAGNOLIA BLUFF AVE  
JACKSONVILLE, FL 32211

**New Principal Place of Business:**

4234 CHELSEA HARBOR DRIVE WEST  
JACKSONVILLE, FL 32224 US

**Current Mailing Address:**

132 MAGNOLIA BLUFF AVE  
JACKSONVILLE, FL 32211

**New Mailing Address:**

4234 CHELSEA HARBOR DRIVE WEST  
JACKSONVILLE, FL 32224 US

**FEI Number:** 14-1907889

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

NAPIER, PAUL  
132 MAGNOLIA BLUFF AVE  
JACKSONVILLE, FL 32211 US

**Name and Address of New Registered Agent:**

NAPIER, PAUL  
4234 CHELSEA HARBOR DRIVE WEST  
JACKSONVILLE, FL 32224 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: PAUL NAPIER

04/25/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: NAPIER, PAUL  
Address: 132 MAGNOLIA BLUFF AVE  
City-St-Zip: JACKSONVILLE, FL 32211

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: NAPIER, PAUL  
Address: 4234 CHELSEA HARBOR DRIVE WEST  
City-St-Zip: JACKSONVILLE, FL 32224 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PAUL NAPIER

MGRM

04/25/2005

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