

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000051353

FILED  
Apr 21, 2006  
Secretary of State

Entity Name: TOP LIST CONSULTING, LLC

## Current Principal Place of Business:

11210 PHILLIPS INDUSTRIAL BLVD., SUITE 14  
JACKSONVILLE, FL 32256

## New Principal Place of Business:

## Current Mailing Address:

11210 PHILLIPS INDUSTRIAL BLVD., SUITE 14  
JACKSONVILLE, FL 32256

## New Mailing Address:

3543 HIGHLAND GLEN CT  
JACKSONVILLE, FL 32224

FEI Number: 20-1356115

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BEAVERS, BOBBY L  
11210 PHILLIPS INDUSTRIAL BLVD., SUITE 14  
JACKSONVILLE, FL 32256 US

## Name and Address of New Registered Agent:

BEAVERS, BOBBY L  
3543 HIGHLAND GLEN CT  
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: BOBBY L BEAVERS

04/21/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR. ( ) Delete  
Name: BEAVERS, BOBBY L  
Address: 11210 PHILLIPS INDUSTRIAL BLVD. # 14  
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGR. ( ) Delete  
Name: SLATTERY, TIMOTHY S  
Address: 11210 PHILLIPS INDUSTRIAL BLVD. #14  
City-St-Zip: JACKSONVILLE, FL 32256

Title: MEMB (X) Delete  
Name: BAKKAR, JANA T  
Address: 11210 PHILLIPS INDUSTRIAL BLVD. #14  
City-St-Zip: JACKSONVILLE, FL 32256

## ADDITIONS/CHANGES:

Title: MGR. (X) Change ( ) Addition  
Name: BEAVERS, BOBBY L  
Address: 3543 HIGHLAND GLEN CT  
City-St-Zip: JACKSONVILLE, FL 32224

Title: MGR. (X) Change ( ) Addition  
Name: SLATTERY, TIMOTHY S  
Address: 13042 HIGHLAND GLEN WAY S  
City-St-Zip: JACKSONVILLE, FL 32224

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: TIMOTHY S SLATTERY

MGR

04/21/2006

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