

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000084010

FILED  
Sep 06, 2006  
Secretary of State

**Entity Name:** ASSOCIATES CONSULTING OF PALM BEACH LLC.

**Current Principal Place of Business:**

2008 PONCE DE LEON AVE  
2  
WEST PALM BEACH, FL 33407 US

**New Principal Place of Business:**

**Current Mailing Address:**

2008 PONCE DE LEON AVE  
2  
WEST PALM BEACH, FL 33407 US

**New Mailing Address:**

**FEI Number:** 01-0823535 **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:**

HENRY, DEBORAH A  
2008 PONCE DE LEON AVE  
2  
WEST PALM BEACH, FL 33407 US

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

NIXON, RYJUELL R  
2008 PONCE DE LEON AVE  
2  
WEST PALM BEACH, FL 33407 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: RYJUELL R. NIXON

09/06/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: NIXON, RYJUELL R MGRM  
Address: 2008 PONCE DE LEON AVE #2  
City-St-Zip: WEST PALM BEACH, FL 33407 US

**ADDITIONS/CHANGES:**

Title: CEO (X) Change ( ) Addition  
Name: NIXON, RYJUELL R CEO  
Address: 2008 PONCE DE LEON AVE #2  
City-St-Zip: WEST PALM BEACH, FL 33407 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: RYJUELL R. NIXON

CEO

09/06/2006

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