


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 11, 2006 8:00 am**  
**Secretary of State**

08-11-2006 90090 042 \*\*\*\*50.00

<b>DOCUMENT # L05000001990</b>					
<b>1. Entity Name</b> MATTHEW B. DEMPSEY PUBLIC AFFAIRS CONSULTING GROUP, LLC					
<b>Principal Place of Business</b> 522 EAST PARK AVENUE SUITE 101 TALLAHASSEE, FL 32301 US			<b>Mailing Address</b> 522 EAST PARK AVENUE SUITE 101 TALLAHASSEE, FL 32301 US		
<b>2. Principal Place of Business</b> 522 East Park Avenue Suite, Apt. #, etc. Suite 101 City & State Tall, FL Zip 32301		<b>3. Mailing Address</b> 522 East Park Avenue Suite, Apt. #, etc. Suite 101 City & State Tall, FL Zip 32301		08092006 Chg-LLC CR2E083 (11/05)	
Country US		Country US		<b>4. FEI Number</b> 20-2118434	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> DEMPSEY, MATTHEW B 522 EAST PARK AVENUE SUITE 101 TALLAHASSEE, FL 32301			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEMPSEY, MATTHEW B 522 EAST PARK AVENUE, SUITE 101 TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEMPSEY, MATTHEW B 522 EAST PARK AVENUE, SUITE 101 TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEMPSEY, MATTHEW B 522 EAST PARK AVENUE, SUITE 101 TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete			
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 empowered to execute this report as required by Chapter 608, Florida Statutes.</b>					
<b>SIGNATURE:</b> _____		8/9/06 850222 0827			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #			