


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90015 013 ****50.00

DOCUMENT # L05000021489	
1. Entity Name MAGILL CONSULTING, LLC	

Principal Place of Business 2300 GLADES ROAD, EAST TOWER, SUITE 205 BOCA RATON, FL 33431	Mailing Address 2300 GLADES ROAD, EAST TOWER, SUITE 205 BOCA RATON, FL 33431
--	--

20035188

2. Principal Place of Business 2200 CORPORATE BLVD, NW SUITE 110 BOCA RATON, FL 33431	3. Mailing Address 2200 CORPORATE BLVD, NW SUITE 110 BOCA RATON, FL 33431
---	---

04182006 Chg-LLC CR2E083 (11/05)

4. FEI Number 55-0909296	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MAGILL, JOAN T 2300 GLADES ROAD, EAST TOWER, SUITE 205 BOCA RATON, FL 33431	7. Name and Address of New Registered Agent Name MAGILL, JOAN T DR Street Address (P.O. Box Number is Not Acceptable) 2200 CORPORATE BLVD. NW SUITE 110 BOCA RATON FL 33431
---	---

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.

SIGNATURE *Dr. Joan T. Magill* (NOTE: Registered Agent signature required when re-registering) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	<input type="checkbox"/> Delete	TITLE MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MAGILL, JOAN T DR		NAME MAGILL, JOAN T. DR.	
STREET ADDRESS 2300 GLADES ROAD, EAST TOWER, SUITE 205		STREET ADDRESS 2200 CORPORATE BLVD. NW SUITE 110	
CITY-ST-ZIP BOCA RATON, FL 33431		CITY-ST-ZIP BOCA RATON, FL 33431	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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.

SIGNATURE: *Dr. Joan T. Magill* **4-18-06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Dr. Joan T. Magill