

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000022542

Entity Name: HR STAFFLINK, L.L.C.

FILED  
Apr 26, 2006  
Secretary of State

## Current Principal Place of Business:

330 A1A NORTH #326  
PONTE VEDRA BEACH, FL 32082

## Current Mailing Address:

330 A1A NORTH #326  
PONTE VEDRA BEACH, FL 32082

## New Principal Place of Business:

THE METROPOLITAN 320 FIRST STREET  
SUITE 714  
JACKSONVILLE BEACH, FL 32256

## New Mailing Address:

PO BOX 851984  
MOBILE, AL 36685

FEI Number: 32-0142092

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KOEHLER, KURT E  
330 A1A NORTH #326  
PONTE VEDRA BEACH, FL 32082 US

## Name and Address of New Registered Agent:

KOEHLER, KURT E  
THE METROPOLITAN 320 FIRST STREET  
SUITE 714  
JACKSONVILLE BEACH, FL 32256 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:

04/26/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: KOEHLER, KURT E  
Address: 161 AZALEA POINT DRIVE SOUTH  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: KOEHLER, KURT E  
Address: 320 FIRST STREET, SUITE 714  
City-St-Zip: JACKSONVILLE BEACH, FL 32256

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: KURT E KOEHLER

PRES

04/26/2006

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