

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000046962**

1. Entity Name  
**ADMINISTRATIVE CONSULTANT SERVICE-FLORIDA, L.L.C.**



Principal Place of Business      Mailing Address

**1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324**      **678 KICKAPOO SPUR  
 SHAWNEE, OK 74801**

**DO NOT WRITE IN THIS SPACE**



03152007 No Chg-LLC      CR2E083 (11/05)

|  |                                       |
|--|---------------------------------------|
| 4. FEI Number<br><b>73-1456737</b>                                   | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2007**      U00000769687  
 07/19/07-80012-018 55.00

**9. MANAGING MEMBERS/MANAGERS**

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>ADMINISTRATIVE CONSULTANT SERVICE, L.L.C.<br>678 KICKAPOO SPUR<br>SHAWNEE, OK 74801 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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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:** *Steven A. Hale*      **07.17.2007**      **405-878-2007**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #