

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000102069

FILED  
Feb 16, 2006  
Secretary of State

Entity Name: LAFLEUR & ASSOCIATES, PL

**Current Principal Place of Business:**

121 W. FORSYTH STREET, SUITE 600  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

2730 U.S. 1 SOUTH  
ST. AUGUSTINE, FL 32086

**Current Mailing Address:**

121 W. FORSYTH STREET, SUITE 600  
JACKSONVILLE, FL 32202

**New Mailing Address:**

P.O. BOX 861128  
ST. AUGUSTINE, FL 32086

FEI Number: 20-3649516

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LAFLEUR, NINA M  
121 W. FORSYTH STREET, SUITE 600  
JACKSONVILLE, FL 32202 US

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

LAFLEUR, NINA M  
2730 U.S. 1 SOUTH  
ST. AUGUSTINE, FL 32086 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:

02/16/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LAFLEUR, NINA M  
Address: 121 W. FORSYTH STREET, SUITE 600  
City-St-Zip: JACKSONVILLE, FL 32202

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: LAFLEUR, NINA M  
Address: 2730 U.S. 1 SOUTH  
City-St-Zip: ST. AUGUSTINE, FL 32086

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: NINA M. LAFLEUR

MGR

02/16/2006

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