

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000107579

FILED  
May 07, 2006  
Secretary of State

**Entity Name:** IFG PROJECT RESOURCING OF WASHINGTON, D.C., LLC

**Current Principal Place of Business:**

1560 SAWGRASS CORPORATE PARKWAY  
4TH FLOOR  
SUNRISE, FL 33323 US

**New Principal Place of Business:**

3 BETHESDA METRO CENTER  
SUITE 700  
BETHESDA, MD 20814 US

**Current Mailing Address:**

1560 SAWGRASS CORPORATE PARKWAY  
4TH FLOOR  
SUNRISE, FL 33323 US

**New Mailing Address:**

**FEI Number:** 56-2544507 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

NESS, DONALD  
1560 SAWGRASS CORPORATE PARKWAY  
4TH FLOOR  
SUNRISE, FL 33323 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LANE, AMANDA  
Address: 1560 SAWGRASS CORPORATE PARKWAY, 4TH FLOOR  
City-St-Zip: SUNRISE, FL 33323 US

Title: MGRM ( ) Delete  
Name: COHEN, SALLY  
Address: 1560 SAWGRASS CORPORATE PARKWAY, 4TH FLOOR  
City-St-Zip: SUNRISE, FL 33323 US

Title: MGRM ( ) Delete  
Name: IFG MANAGEMENT RESOU, RCES, LLC  
Address: 1560 SAWGRASS CORPORATE PARKWAY, 4TH FLOOR  
City-St-Zip: SUNRISE, FL 33323 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LANE, AMANDA  
Address: 859 REFLECTION LANE  
City-St-Zip: WESTON, FL 33327 US

Title: MGRM (X) Change ( ) Addition  
Name: COHEN, SALLY  
Address: 9005 PADDOCK LANE  
City-St-Zip: POTOMAC, MD 20584 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: AMANDA LANE

MGRM

05/07/2006

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