


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90131 014 \*\*\*\*50.00

DOCUMENT # L05000115881			
1. Entity Name EXECUTIVE SOLUTIONS ASSOCIATES, LLC			
Principal Place of Business 320 PINEY RIDGE ROAD CASSELBERRY, FL 32707		Mailing Address 320 PINEY RIDGE ROAD CASSELBERRY, FL 32707	
2. Principal Place of Business <i>320 Piney Ridge Rd.</i>		3. Mailing Address <i>320 Piney Ridge Rd.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Casselberry, FL</i>		City & State <i>Casselberry, FL</i>	
Zip <i>32707</i>		Country <i>Seminole</i>	
4. FEI Number <i>20-3806976</i>		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  JONES, SHAWNTINA 588 BRANTLEY TERRACE UNIT 301 ALTAMONT SPRINGS, FL 32714		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"><span>FL</span><span>Zip Code</span></div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) 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 NAME STREET ADDRESS CITY-ST-ZIP	MGR JONES, SHAWNTINA 588 BRANTLEY TERRACE, UNIT 301 ALTAMONTE SPRINGS, FL 32714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FOX, JAMES G III 948 FIREFALL CT. VA BEACH, VA 23454 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>MGRM Fox James G III 845 Artesia Way Virginia Beach, VA 23456</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLEMENTS, SAMUEL JR. 2529 COVENT GARDEN RD VA BEACH, VA 23456 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FOX, JAMES G JR. 2592 MULBERRY LOOP VA BEACH, VA 23456 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FOX, JUDITH R 2592 MULBERRY LOOP VA BEACH, VA 23456 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KERNS, DANIEL 5390 SIR BARTON DR. VA BEACH, VA 23462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <i>Judith R. Fox</i>		Date <i>2/13/06</i> Daytime Phone # <i>757-553-4383</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			