

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000050509

FILED
Jan 03, 2007
Secretary of State

Entity Name: SOURCEONE HR OF SOUTH FLORIDA, LLC

Current Principal Place of Business:

MISSION BAY OFFICE PLAZA, SUITE 300
20283 STATE ROAD 7
BOCA RATON, FL 33498 US

New Principal Place of Business:

Current Mailing Address:

MISSION BAY OFFICE PLAZA, SUITE 300
20283 STATE ROAD 7
BOCA RATON, FL 33498 US

New Mailing Address:

FEI Number: 02-0793601

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

HECHT, JEFFREY L
9267 LEGARE ST.
BOCA RATON, FL 33434 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: JEFFREY L. HECHT

01/03/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HECHT, JEFFREY L
Address: 9267 LEGARE ST.
City-St-Zip: BOCA RATON, FL 33434 US

Title: MGRM () Delete
Name: REALE, LOUIS J
Address: 14 MIRO CIRCLE
City-St-Zip: MARLBORO, NJ 07746 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: HECHT, MONICA M
Address: 9267 LEGARE ST.
City-St-Zip: BOCA RATON, FL 33434 US

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: JEFFREY L. HECHT

MGRM

01/03/2007

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