

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000052864

FILED
Apr 28, 2012
Secretary of State

Entity Name: THE ASSOCIATE(S) CONSORTIUM, LLC

Current Principal Place of Business:

8643 TOWER FALLS DR
JACKSONVILLE, FL 32244

New Principal Place of Business:

Current Mailing Address:

PO BOX 442315
JACKSONVILLE, FL 32222

New Mailing Address:

FEI Number: 27-2607922

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SMITH, KEVIN M
8643 TOWER FALLS DR.
JACKSONVILLE, FL 32244 US

Name and Address of New Registered Agent:

SMITH, KEVIN M
8643 TOWER FALLS DR
JACKSONVILLE, FL 32244 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: _____

04/28/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: SMITH, KEVIN M
Address: 8643 TOWER FALLS DR
City-St-Zip: JACKSONVILLE, FL 32244

Title: MGRM
Name: GADSDEN-SMITH, ANNETTE
Address: 8643 TOWER FALLS DR
City-St-Zip: JACKSONVILLE, FL 32244

Title: MGRM
Name: FAIR, FELECIA D
Address: 2836 SWEETSPIRE CIR
City-St-Zip: OVIEDO, FL 32766

Title: MGRM
Name: JONES, ROSALYN E
Address: 5902 NW 26TH ST
City-St-Zip: GAINESVILLE, FL 32653

Title: MGRM
Name: WILEY, D. JENIPHER
Address: 2550 SANDLEWOOD CIRCLE
City-St-Zip: ORANGE PARK, FL 32065

Title: MGRM
Name: CARTER, GEORGE F
Address: 8905 CASTLE BLVD
City-St-Zip: JACKSONVILLE, FL 32208

I hereby 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: KEVIN M SMITH

COM

04/28/2012

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