2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State
04-03-2006 90063 012 ****50.00

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DOCUMENT # L98000001950

1. Entity Name
MEEKS, ROSS, PAULK & ASSOCIATES, CPAS, LLC

Principal Place of Business	Mailing Address
1300 RIVERPLACE BOULEVARD, SUITE 300 JACKSONVILLE, FL 32207	1300 RIVERPLACE BOULEVARD, SUITE 300 JACKSONVILLE, FL 32207

01032006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
1354 N. LAURA Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Jacksonville, FL		City & State	
Zip: 32206	Country: USA	Zip	Country

4. FEI Number: 59-3533195 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MEEKS, JACK 1300 RIVERPLACE BOULEVARD, SUITE 300 JACKSONVILLE, FL 32207	Name: Street Address (P.O. Box Number is Not Acceptable): 1354 N. Laura Street City: Jacksonville FL Zip Code: 32206

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 X JACK Meeks [signature] 3/30/06
Signature, typed or printed name of registered agent and title if applicable. (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	MGR	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	MEEKS, JACK		NAME		
STREET ADDRESS	1300 RIVERPLACE BOULEVARD, SUITE 300		STREET ADDRESS	1354 N. Laura Street	
CITY-ST-ZIP	JACKSONVILLE, FL 32207		CITY-ST-ZIP	Jacksonville, FL 32206	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: X [signature] JACK MEEKS 3/29/06 904-346-0046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #