2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 10, 2006 8:00 am Secretary of State

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DOCUMENT # M0200000184 1. Entity Name STAFFING GROUP EAST NVOP, LLC				02-10-2006 90172 021 ****50.0				0.00	
Principal Plac	e of Business	Mailing Address	<u> </u>			6	001410	4	
	GRESS AVENUE	1690 S CONGRESS AVE	NUE	ŀ		•	0025		
STE 210		STE 210		İ					
DELRAY BEA	CH, FL 33445	DELRAY BEACH, FL 334	445						
2. Principal Place of Business		3. Mailing Address							
5901 Broken Sound tarkway			ound talk	ACO					
Suite, Apt. #, etc. 450		Suite, Apt, #, etc. 450			02062006	Chg-LLC	CR2E083 (· · ·	aliad Far
City & State		City & State			4. FEI Numb	_		\vdash	plied For t Applicable
	Country ,	Boca Katon	Country				_ \$5	00 Add	
3348	2 Strude	33487	florida		Certificate	of Status Desired		Reguire:	
2216	6. Name and Address of Current F	Registered Agent	17077010		7. Name and	Address of New	Registered Agen	it	
-		<u> </u>	Name						
C T CORP	Street	Addross /B	O Pay Numb	er is Not Acceptab	la)				
	TH PINE ISLAND ROAD		30000	AGORESS (F	.O. DOX NUMB	er is Not Acceptab			
PLANTATI	ION, FL 33324								
			City					Zip Code	<u> </u>
							FL		
	named entity submits this statement for tions of registered agent.	the purpose of changing its	registered office of	or registere	ed agent, or bo	th, in the State of F	lorida. I am famil	iar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	end title if applicable. (NOTE	Registered Agent signs	iture required v	when reinstating)		DATE		
Fi	Signature. typed or printed name of registrared agent a illing Fee is \$50.00 ue by May 1, 2006	nd 68e ii applicable. (NOTE	Registered Agent signs	iture required v	when reinstating)		DATE ke check payal la Department		
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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: HULLU COUNTY HEATHER CALSTON 2/8/06 541-226-8/10
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayline Phone #