2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2006
Secretary of State

DOCUMENT# M04000001348

Entity Name: FOX LAWSON & ASSOCIATES LLC

Current Principal Place of Business:

1335 COUNTY ROAD D EAST
ST PAUL, MN 55109

New Principal Place of Business:

1335 COUNTY ROAD D. CIRCLE E.
ST PAUL, MN 55109

Current Mailing Address:

1335 COUNTY ROAD D EAST
ST PAUL, MN 55109

New Mailing Address:

1335 COUNTY ROAD D. CIRCLE E.
ST PAUL, MN 55109

FEI Number: 41-1800060 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: FOX, JAMES C
Address: 1335 COUNTY ROAD D EAST
City-St-Zip: ST PAUL, MN 55109

Title: MGRM ( ) Delete
Name: LAWSON, BRUCE G
Address: 3121 E SAM JUAN AVE
City-St-Zip: PHOENIX, AZ

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: FOX, JAMES C
Address: 1335 COUNTY ROAD D. CIRCLE E.
City-St-Zip: ST PAUL, MN 55109

Title: MGRM (X) Change ( ) Addition
Name: LAWSON, BRUCE G
Address: 3121 E SAN JUAN AVE
City-St-Zip: PHOENIX, AZ 85016

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: JAMES C. FOX MGRM 01/04/2006

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