

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M04000001348

FILED
Mar 31, 2006
Secretary of State**Entity Name:** FOX LAWSON & ASSOCIATES LLC**Current Principal Place of Business:**1335 COUNTY ROAD D. CIRCLE E.
ST PAUL, MN 55109**New Principal Place of Business:****Current Mailing Address:**1335 COUNTY ROAD D. CIRCLE E.
ST PAUL, MN 55109**New Mailing Address:****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. CIRCLE E.
City-St-Zip: ST PAUL, MN 55109**Title:** MGRM () Delete
Name: LAWSON, BRUCE G
Address: 3121 E SAN JUAN AVE
City-St-Zip: PHOENIX, AZ 85016**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

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

03/31/2006

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