

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000003394

FILED  
Jul 17, 2006  
Secretary of State

Entity Name: PATHWAY ASSESSMENT CENTERS OF AMERICA, LLC

**Current Principal Place of Business:**

101 CONVENTION CENTER RIVE, STE 700  
LAS VEGAS, NV 89109

**New Principal Place of Business:**

**Current Mailing Address:**

101 CONVENTION CENTER RIVE, STE 700  
LAS VEGAS, NV 89109

**New Mailing Address:**

FEI Number: 20-2955894      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

PHILLIPS, BRENDA  
9138 LAKE FISCHER BLVD  
GOTHA, FL 34734    US

**Name and Address of New Registered Agent:**

PHILLIPS, BRENDA  
10845 BAYSHORE DRIVE  
WINDERMERE, FL 34786    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: BRENDA PHILLIPS

07/17/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CAPECE, LOUIS RUSTY  
Address: 5738 CANTON COVE STE 110  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: MGRM ( ) Delete  
Name: SCHULZ, GEORGE  
Address: 5738 CANTON COVE STE 110  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: MGRM ( ) Delete  
Name: SCHULZ, JANIS  
Address: 5738 CANTON COVE STE 110  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: MGRM ( ) Delete  
Name: PHILLIPS, BRENDA  
Address: 5738 CANTON COVE STE 110  
City-St-Zip: WINTER SPRINGS, FL 32708

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: LOUIS CAPECE

MGRM

07/17/2006

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