2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2005
Secretary of State

DOCUMENT# L02000006371

Entity Name: DEVELOPERS CONSULTANT SERVICE II, L.L.C.

Current Principal Place of Business:

8969 CHARLESTON PARK
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

8969 CHARLESTON PARK
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 54-2089967 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BATURA, PHILIP L
8969 CHARLESTON PK
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

BATURA, PHILIP L
8969 CHARLESTON PK
ORLNDO, FL 32819 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: PHILIP BATURA 01/04/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: BATURA, PHILIP L
Address: 5460 HOFFNER AVE. STE. 408
City-St-Zip: ORLANDO, FL 32812

Title: MGRM ( ) Delete
Name: BATURA, FRANKIE D
Address: 5460 HOFFNER AVE., STE. 408
City-St-Zip: ORLANDO, FL 32812

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BATURA, PHILIP L
Address: 8969 CHARLSTON PK
City-St-Zip: ORLANDO, FL 32819

Title: MGRM (X) Change ( ) Addition
Name: BATURA, FRANKIE D
Address: 8969 CHARLSTON PK
City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PHILIP BATURA MGR 01/04/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date