

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 NOV 29 AM 10:32

DOCUMENT # L02000006371	
1. Entity Name DEVELOPERS CONSULTANT SERVICE II, L.L.C.	

Principal Place of Business 8969 CHARLESTON PARK ORLANDO, FL 32819	Mailing Address 8969 CHARLESTON PARK ORLANDO, FL 32819
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

11172005 Chg-LLC CR2E083 (10/03)

4. FEI Number
54-2089967

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

BATURA, PHILIP L
8969 CHARLESTON PK
ORLANDO, FL 32819

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$50.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BATURA, PHILIP L 8969 CHARLSTON PK ORLANDO, FL 32819 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition 800061752208 11/29/05--01045--004 **\$0.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BATURA, FRANKIE D 8969 CHARLSTON PK ORLANDO, FL 32819 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify 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 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 L. BATURA MANAGER 11-22-05 407-874-2042

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #