


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90219 005 \*\*\*\*55.00

**DOCUMENT # L02000020106**

1. Entity Name  
**AMERICAN CONSULTING PROFESSIONALS, LLC**




Principal Place of Business  
**4111 LAND O' LAKES BLVD.  
 STE 210  
 LAND O LAKES, FL 34639**

Mailing Address  
**4111 LAND O' LAKES BLVD.  
 STE 210  
 LAND O LAKES, FL 34639**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country



02132004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**65-1167239**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GIORDANO, JOHN N  
 220 SOUTH FRANKLIN STREET  
 TAMPA, FL 33602**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2004**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NOVOTHY, JEFFERY S			NAME	Novotny, Jeffrey S.		
STREET ADDRESS	4111 LAND O' LAKES BLVD STE 210			STREET ADDRESS			
CITY-ST-ZIP	LAND O LAKES, FL 34639			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KORP, SCOTT M			NAME	Korpi, Scott M.		
STREET ADDRESS	4111 LAND O' LAKES BLVD STE 210			STREET ADDRESS			
CITY-ST-ZIP	LAND O LAKES, FL 34639			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FORRESTEL, RYAN R			NAME			
STREET ADDRESS	4111 LAND O' LAKES BLVD STE 210			STREET ADDRESS			
CITY-ST-ZIP	LAND O LAKES, FL 34639			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MIRSON, BRIAN J			NAME			
STREET ADDRESS	4111 LAND O' LAKES BLVD STE 210			STREET ADDRESS			
CITY-ST-ZIP	LAND O LAKES, FL 34639			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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:** Jeffrey S. Novotny  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_