## 2003 LIMITED LIABILITY COMPANY

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DOCU 1. Entity Nam	MENT # L0200002	23765								
GJB CONS	SULTING ACCUSITION LLC									
		WRONG NAM	ne		ILES		OR MAY	(12 P	1 2: 20	
Principal Plac	ce of Business	Mailing Address					•		,	
100 S.E. 2ND S	STREET	100 S.E. 2ND STREET					SECRE	TARY O	FISTATE FLORIDA	<u> </u>
3600 Miami Fl 33131	1	3600 Miami Fl 33131					. IALLAT	Moore,	FLORIDA	
US Principal P	Plans of Rusinosa A	US 3. Mailing Address								
//20 S	Place of Business MA ST.	3. Mailing Address		•	-			HI	<b>ada</b> ildik i <b>adia a</b> ni	<b>41 (11) 188</b> 1
Suite Apt.	*2100	Suite, Apt. #, etc	1		-		CHECK HER	E IF MAKIN	G CHANGES	/
City & Stat	3600	City & State	15			4. FEI Numb			TV AC	plied For
	am, re								/ No	t Applicable
33/	3/ PUCA	Zip	Count	ry 		5. Certificate	of Status Desired	<b>b</b>	\$5.00 Add	
	6. Name and Address of Current R	egistered Agent			<del>-</del>	7. Name an	d Address of New	Registered		
RING	GHAM, J. REID	·		Name					1	(
	S.E. 2ND STREET			Street Ac	dress (F	P.O. Box Numb	er is Not Acceptat	ole)	<del>-:</del>	
3600							<u></u>	<del>-</del>	<del></del>	<del></del>
MIAN	VII FL 33131		•	City	<del></del>			FL	Zip Code	e
8 The above	named entity submits this statement for	the nursage of changing its	rogistore		rogietere	ad agent or bo	th in the State of E		<u>-;                                      </u>	
the obligat	tions of registered agent.	the purpose of chariging its	registere	u Unice of	registere	agent, or be	out, in the state of t	ionaa. Tam	iailinai wini,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent an	d title if copplicable (AIOTE	Desistand	A sent aignotu	ra va su úrand v	when reinstating)		DATE		<del>-</del>
	alguardie, typed of philied fame of registered agent an	_ <del></del>							1 mar. 1	
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		Due	By Ma	y 1, 2003	3				!	
9.	MANAGING MEMBER	S/MANAGERS	10.					S/CHANGES		
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CITY-ST-ZIP				ST-ZIP	MI	A-MI,	EC 33/	3/	·	
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indicated	certify that the information supplied with the on this report is true and accurate and the bility company or the receiver or true ele	nis filling does not qualify for hat my signature shall have t	the exen he same	nption state legal effec	t as if ma	ation 119.07(3) ade under oatl	(i), Florida Statutes i; that I am a man: Statute	. I further ce aging memb	rtify that the in er or manager	formation of the
ilmited lia	ionity company or the receiver or trustee of	erpoweren to exercute this r	eport as	required by	y Unapte	ar 608, Fiorida	Statutes.		ı	J
SIGNAT	TIPE. WYW.		Win.	les 10	-	A	12/102	305-	349-2	300
JIGNAI	SIGNATURE AND TYPED OR PRINTED NAME OF	SIGNING MANAGING MEMBER MAN	AGER, OR	AUTHORIZED (	REPRESEN	TATIVE	Date		Daytime Phone #	