

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000031120

**FILED**  
**Feb 20, 2004**  
**Secretary of State**

**Entity Name:** STRATEGIC CONSULTING SERVICES LLC

**Current Principal Place of Business:**

1933 SUNRISE KEY BOULEVARD  
FORT LAUDERDALE, FL 33304

**New Principal Place of Business:**

1201 E. SUNRISE BLVD.  
301  
FORT LAUDERDALE, FL 33304

**Current Mailing Address:**

1933 SUNRISE KEY BOULEVARD  
FORT LAUDERDALE, FL 33304

**New Mailing Address:**

1201 E. SUNRISE BLVD.  
301  
FORT LAUDERDALE, FL 33304

FEI Number: 55-0815372

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SWORDY, STEPHEN  
1933 SUNRISE KEY BOULEVARD  
FORT LAUDERDALE, FL 33304

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

SWORDY, STEPHEN  
1201 E. SUNRISE BLVD.  
FORT LAUDERDALE, FL 33304

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: STEPHEN J SWORDY

02/20/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: SWORDY, STEPHEN  
Address: 1933 SUNRISE KEY BOULEVARD  
City-St-Zip: FORT LAUDERDALE, FL 33304

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SWORDY, STEPHEN  
Address: 715 NE 6TH STREET, APT. 9  
City-St-Zip: FORT LAUDERDALE, FL 33304

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: STEPHEN J SWORDY

MR.

02/20/2004

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