

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000026658

FILED
Jul 27, 2005
Secretary of State

Entity Name: KUSH RESIDENTIAL CONSULTING, LLC

Current Principal Place of Business:

4417 BEACH BLVD
307
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

4417 BEACH BLVD
307
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 20-0127898 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HILL, DEBRA S
8810-C GOODBY'S EXECUTIVE DRIVE
SUITE C
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BOWLES, GEORGE L III
Address: 4440 SHIRLEY AVENUE
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGR () Delete
Name: BOWLES, ALISSA D
Address: 4440 SHIRLEY AVENUE
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: BOWLES, ALISSA D
Address: 4440 SHIRLEY AVENUE
City-St-Zip: JACKSONVILLE, FL 32210

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: GEORGE L BOWLES

MR

07/27/2005

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