


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000028605 1. Entity Name XUTHUS CONSULTING, L.L.C.	
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Principal Place of Business 1078 ALEXIA STREET MELBOURNE FL 32935-3173	Mailing Address 1078 ALEXIA STREET MELBOURNE FL 32935-3173
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/04)

City & State Zip Country	City & State Zip Country
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4. FEI Number 86-1074552	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	6. Name and Address of Current Registered Agent BOYD, JOEL E 6767 N. WICKHAM ROAD, STE. 306 MELBOURNE FL 32940
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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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<table style="width: 100%;"> <tr> <td style="width: 80%;"> MGR SHEPHERD, ROGER 1078 ALEXIA STREET MELBOURNE FL 32935-3173 </td> <td style="width: 20%; text-align: right;"> <input type="checkbox"/> Delete </td> </tr> </table>	MGR SHEPHERD, ROGER 1078 ALEXIA STREET MELBOURNE FL 32935-3173	<input type="checkbox"/> Delete
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10. ADDITIONS/CHANGES				
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04/09/05-80064-002 50.00

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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Boyd Shepherd Date: 4/7/05 Daytime Phone #: 321-264-8099

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