


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90114 031 ****50.00

DOCUMENT # L03000038759

1. Entity Name
ENCORE CONSULTING, L.L.C.



Principal Place of Business Mailing Address
421 EAST CENTRAL BOULEVARD **421 EAST CENTRAL BOULEVARD**
#1409 **#1409**
ORLANDO, FL 32801 US **ORLANDO, FL 32801 US**

2. Principal Place of Business 3. Mailing Address
8 SOUTH OSCEOLA AV. **8 SOUTH OSCEOLA AV.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Apt. # 2415 **Apt. # 2415**
 City & State City & State
ORLANDO, FL **ORLANDO, FL**
 Zip Country Zip Country
32801 **US** **32801** **US**



04102004 Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
010800486 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

BENOUAICH, JILL M Name
~~421 EAST CENTRAL BOULEVARD~~ Street Address (P.O. Box Number is Not Acceptable)
#1409 City **FL** Zip Code
ORLANDO, FL 32801


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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENOUAICH JILL	NAME	
STREET ADDRESS	8 SOUTH OSCEOLA AV. #2415	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32801	CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENOUAICH DAVID	NAME	
STREET ADDRESS	8 SOUTH OSCEOLA AV. #2415	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32801	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	
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:  **BENOUAICH DAVID** **4-10-04 (407)595-2599**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #