


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUL 18 AM 8:31

|   |   |
|---|---|
| <b>DOCUMENT # L04000042670</b><br>1. Entity Name<br>ADVISORX CONSULTING, L.L.C. |  |
|---|---|

|  |  |
|--|--|
| Principal Place of Business<br>5431 STAG THICKET LANE<br>PALM HARBOR, FL 34685 | Mailing Address<br>5431 STAG THICKET LANE<br>PALM HARBOR, FL 34685 |
|--|--|

|                                |                     |                                    |         |   |
|--------------------------------|---------------------|------------------------------------|---------|---|
| 2. Principal Place of Business | 3. Mailing Address  | 01042005                           | Chg-LLC | CR2E083 (10/03)   |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. | 4. FEI Number<br><b>20-1213183</b> |         |   |
| City & State                   | City & State        | Applied For<br>Not Applicable      |         |   |
| Zip                            | Country             | Zip                                | Country | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |



|  |  |
|--|--|
| <b>6. Name and Address of Current Registered Agent</b><br><br>LENNOX, MICHELE L<br>5431 STAG THICKET LANE<br>PALM HARBOR, FL 34685 | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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 \_\_\_\_\_

|   |  |  |
|---|--|--|
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b> |  | <b>Make check payable to<br/>Florida Department of State</b> |
|---|--|--|

| 9. MANAGING MEMBERS/MANAGERS |                                     | 10. ADDITIONS/CHANGES |   |
|------------------------------|-------------------------------------|-----------------------|---|
| TITLE                        | MGR <input type="checkbox"/> Delete | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         | LENNOX, MICHELE L                   | NAME                  |   |
| STREET ADDRESS               | 5431 STAG THICKET LANE              | STREET ADDRESS        |   |
| CITY-ST-ZIP                  | PALM HARBOR, FL 34685               | CITY-ST-ZIP           | <b>01/27/05-90077-050-\$50.00</b>                                 |
| 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           |   |
| 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           |   |

PLEASE SIGN & DATE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption under Section 607(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 I signed 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: Michele L. Lennox 7/5/05 777-736-1242  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone