

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
May 26, 2007  
Secretary of State**

DOCUMENT# L05000002674

Entity Name: STRATEGIC CONSULTING COMPANIES, LLC

**Current Principal Place of Business:**

**New Principal Place of Business:**

4910 ARDEN FOREST WAY  
TALLAHASSEE, FL 32309

**Current Mailing Address:**

**New Mailing Address:**

4910 ARDEN FOREST WAY  
TALLAHASSEE, FL 32309

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      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:**

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

REGIER, JERRY P  
4910 ARDEN FOREST WAY  
TALLAHASSEE, FL 32309    US

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:**

**ADDITIONS/CHANGES:**

Title:                      MGRM                      ( ) Delete  
Name:                      REGIER, JERRY P  
Address:                      4910 ARDEN FOREST WAY  
City-St-Zip:                      TALLAHASSEE, FL 32309

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JERRY REGIER

MGRM

05/26/2007

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