2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT FILED Jan 17, 2007 08:00 AM DOCUMENT # L05000023246 Secretary of State FG CONSULTING, LLC Principal Place of Business Mailing Address PO BOX 1317 PO BOX 1317 KEY BISCAYNE, FL 33149 KEY BISCAYNE, FL 33149 01122007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2486492 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent ORTEGA, FRANCISCO J ESQ DO NOT WRITE 2151 LE JEUNE ROAD STE. 202 CORAL GABLES, FL 33134 IN THIS SPACE 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. Signature, typed or printed name of registered egent and title if applicable, (NOTE: Registered Agent signature required when reinstating) U00000589843 01/18/07-80833-005 55.00 Filing Fee is \$50.00 Due by May 1, 2007 9. MANAGING MEMBERS/MANAGERS MGRM TITLE REMIR FERNANDO GUARDAZZI NAME STREET ADDRESS PO BOX 1317 CITY-ST-ZIP KEY BISCAYNE, FL 33149 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 2 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS CITY ST-ZIP

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