

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000083156

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: SIGMA CONSULTING GROUP,LLC

**Current Principal Place of Business:**

1937 COMMON WAY ROAD  
ORLANDO, FL 32814 US

**New Principal Place of Business:**

1511 HARSTON AVENUE  
ORLANDO, FL 32814 US

**Current Mailing Address:**

1937 COMMON WAY ROAD  
ORLANDO, FL 32814 US

**New Mailing Address:**

1511 HARSTON AVENUE  
ORLANDO, FL 32814 US

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

STEIN, TRACY M  
1937 COMMON WAY ROAD  
ORLANDO, FL 32814 US

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

STEIN, TRACY M  
1511 HARSTON AVENUE  
ORLANDO, FL 32814 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: \_\_\_\_\_ 04/27/2007  
Electronic Signature of Registered Agent                      Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: STEIN, TRACY M  
Address: 1937 COMMON WAY ROAD  
City-St-Zip: ORLANDO, FL 32814 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: STEIN, TRACY M  
Address: 1511 HARSTON AVENUE  
City-St-Zip: ORLANDO, FL 32814 US

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: TRACY STEIN                      MGRM                      04/27/2007  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date