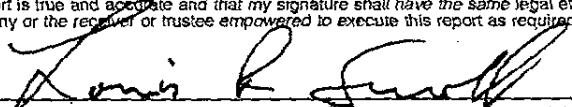


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000032958 1. Entity Name SERNOFF CONSULTING LLC						
Principal Place of Business 2200 S OCEAN BLVD #607 DELRAY BEACH, FL 33483	Mailing Address 2200 S OCEAN BLVD #607 DELRAY BEACH, FL 33483					
01092006 No Chg-LLC CR2E083 (11/05)		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;"> 4. FEI Number 43-1987435 </td> <td style="width: 20%; padding: 2px;"> Applied For ☐ Not Applicable </td> </tr> <tr> <td colspan="2" style="padding: 2px;"> 5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required </td> </tr> </table>	4. FEI Number 43-1987435	Applied For ☐ Not Applicable	5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
4. FEI Number 43-1987435	Applied For ☐ Not Applicable					
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required						
6. Name and Address of Current Registered Agent SERNOFF, LOUIS 2200 S OCEAN BLVD #607 DELRAY BEACH, FL 33483						
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) Signature, typed or printed name of registered agent and title if applicable. DATE						
Filing Fee is \$50.00 Due by May 1, 2006						
9. MANAGING MEMBERS/MANAGERS						
TITLE	MGRM	U00000385111 01/18/06-80003-016 50.00				
NAME	SERNOFF, LOUIS R					
STREET ADDRESS	2200 S OCEAN BLVD #607					
CITY-ST-ZIP	DELRAY BEACH, FL 33483					
TITLE						
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
TITLE						
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STREET ADDRESS						
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CITY-ST-ZIP						
TITLE						
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
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: 		Date: 1/10/06				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #				