

# **2011 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A04000001490

**FILED**  
**Feb 20, 2011**  
**Secretary of State**

**Entity Name:** MANAGEMENT CONSULTING SERVICES OF SOUTH FLORIDA, LTD.

**Current Principal Place of Business:**

7501 WILES ROAD  
#104  
CORAL SPRINGS, FL 33067

**New Principal Place of Business:**

**Current Mailing Address:**

7501 WILES ROAD  
#104  
CORAL SPRINGS, FL 33067

**New Mailing Address:**

**FEI Number:** 20-1661623

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEWERT, CHRISTINE F  
3407 NW 47TH AVE.  
COCONUT CREEK, FL 33063 US

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

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

**GENERAL PARTNER INFORMATION:**

Document #:

Name: LEWERT, CHRISTINE F  
Address: 3407 NW 47TH AVENUE  
City-St-Zip: COCONUT CREEK, FL 33063

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: CHRISTINE F. LEWERT

CEO

02/20/2011

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date