

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000000158

1. Entity Name
ECO CONSORTIUM, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUL 12 PM 4:22

Principal Place of Business
~~721 US 1, STE. 223~~
NORTH PALM BEACH, FL 33408

Mailing Address
~~721 U.S. #1~~
~~SUITE 223~~
NORTH PALM BEACH, FL 33408

2. Principal Place of Business - No P.O. Box #
590 MARINA DRIVE
Suite, Apt. #, etc.

3. Mailing Address
590 MARINA DRIVE
Suite, Apt. #, etc.



06172007 Chg-LLC CR2E083 (12/06)

City & State
HOLMES BEACH
Zip
FL 34217
Country
USA

City & State
HOLMES BEACH
Zip
FL 34217
Country
USA

4. FEI Number
20-0446749
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CERENE, MICHEL
590 MARINA DRIVE
HOLMES BEACH, FL 34217

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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) DATE _____

Filing Fee is \$50.00
Due by September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GUERIN, JACQUELINE 7 CALLE DUERO 11310 SOTOGRANDE, SPAIN, <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500105155395 07/02/07--01060--001 **\$0.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

17, JUNE, 2007

Date

Daytime Phone #