


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 JUL 12 PM 4:22

<b>DOCUMENT # L00000000158</b> 1. Entity Name <b>ECO CONSORTIUM, LLC</b>		
Principal Place of Business <del>721 US 1, STE. 223</del> <b>NORTH PALM BEACH, FL 33408</b>		Mailing Address <del>721 US #1</del> <del>SUITE 223</del> <b>NORTH PALM BEACH, FL 33408</b>
2. Principal Place of Business - No P.O. Box # <b>590 MARINA DRIVE</b>	3. Mailing Address <b>590 MARINA DRIVE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State <b>HOLMES BEACH</b>	City & State <b>HOLMES BEACH</b>	4. FEI Number <b>20-0446749</b>
Zip <b>FL 34217</b>	Country <b>USA</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>FL 34217</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required



06172007 Chg-LLC CR2E083 (12/06)

<b>6. Name and Address of Current Registered Agent</b>  CERENE, MICHEL 590 MARINA DRIVE HOLMES BEACH, FL 34217	<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code
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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			10. ADDITIONS / CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUERIN, JACQUELINE		NAME	<b>500105155395</b>	
STREET ADDRESS	7 CALLE DUERO 11310		STREET ADDRESS	<b>07/02/07--01060--001 **50.00</b>	
CITY-ST-ZIP	SOTOGRADE, SPAIN,		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	<i>act</i>	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:** \_\_\_\_\_ **17, JUNE, 2007,** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #