


# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0078012

**DOCUMENT # L00000000158**

1. Entity Name  
**ECO CONSORTIUM LLC**



**FILED**

**2003 MAR 20 AM 9:34**

Principal Place of Business  
**WATERGARDENS 6, SUITE 24  
P.O. BOX 629  
GIBRALTAR DE 19801**

Mailing Address  
**C/O MRS. J. GUERIN  
7, CALLE DUERO, SOTOGRANDE  
SPAIN 11310**

**DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**721 US 1**

3. Mailing Address  
**SUITE 223**

City & State  
**NORTH PALM BEACH FL**

City & State  
**NORTH PALM BEACH FL**

Zip  
**33408**

Country  
**USA**

4. FEI Number **NOT APPLICABLE** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**FLORIDA FILING & SEARCH SERVICES  
1333 NORTH DUVAL STREET  
TALLAHASSEE FL 32303**

7. Name and Address of New Registered Agent

Name **JEAN PROYET**

Street Address (P.O. Box Number is Not Acceptable)  
**721 US 1, SUITE 223**

City **NORTH PALM BEACH FL** Zip Code **33408**

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  DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <input checked="" type="checkbox"/> Delete <b>MAINGUY, PATRICK M</b> <b>SUITE 24, WATERGARDENS 6, P.O. BOX 629</b> <b>GIBRALTAR</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <input type="checkbox"/> Delete <b>GUERIN, JACQUELINE</b> <b>7, CALLE DUERO 11310</b> <b>SOTOGRANDE, SPAIN</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <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 <b>FF \$50</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>Ues 5</b>

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>PROYET, JEAN F.</b> <b>721 US 1, SUITE 223</b> <b>NORTH PALM BEACH FL 33408</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <del>03/20/03--01045--001 **105.00</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>600014409936</b> <b>03/20/03--01045--001 **105.00</b>
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
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 exemption stated in Section 119.07(3)(i), 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 REQUIRED** **11.03.03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)