


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

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MGR PROYET, JEAN F. 721 US 1, SUITE 223 NORTH PALM BEACH FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 03/20/03--01045--001 **105.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600014409936 03/20/03--01045--001 **105.00
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
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)