FILED May 06, 2002 8:00 am Secretary of State

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| UNIFORM        | BUSINESŞ    | <b>R</b> EPORT | (UBR) |
| DOOLINE HELE # | 00000001061 |                |       |

**DOCUMENT** # L00000001961 05-06-2002 90134 030 \*\*\*\*55.00 1. Entity Name Saratoga Consulting, LLC DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 824 U.S. Highway One 824 U.S. Highway One Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 200 Suite 200 City & State City & State 4. FEI Number Applied For N. Palm Beach, FL 65-1000405 N. Palm Beach, FL Not Applicable Zip Country Country Zip \$5.00 Additional X 5. Certificate of Status Desired 33408 33408 7. Name and Address of Current Registered Agent Name Randall S. DO NOT WRITE Simoes Street Address (P.O. Box Number is Not Acceptable)
Suite 200 IN THIS SPACE 824 U.S. Highway One City N. <u>Palm Beach</u> 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. **FEE IS \$50.00** Make Check Payable to Department of State **DUE BY MAY 1** 9. MANAGING MEMBERS/MANAGERS Manager TITLE TITLE NAME Randall S. Simoes NAME STREET ADDRESS OSTREET ADDRESS 824 U.S. Highway One, Ste. 20 CITY-ST-ALP CITY-ST-ZIP N. Palm Beach. FL 33408 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE 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 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.

NAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #