

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000006841

FILED  
Jul 01, 2004  
Secretary of State

Entity Name: KUSTURA CONSULTING LLC

**Current Principal Place of Business:**

9585 REGENCY SQUARE BLVD. N.  
NO. 8  
JACKSONVILLE, FL 32225

**New Principal Place of Business:**

2120 CORPORATE SQUARE BLVD  
SUITE 23  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

9585 REGENCY SQUARE BLVD. N.  
NO. 8  
JACKSONVILLE, FL 32225

**New Mailing Address:**

2120 CORPORATE SQUARE BLVD  
SUITE 23  
JACKSONVILLE, FL 32216

FEI Number: 59-3650468

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROBERT, PREUSLER C  
244 NW 9TH ST  
OCALA, FL 34475 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: KUSTURA, TOMISLAV  
Address: 13222 PACEMAKER DR.  
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: MGRM (X) Delete  
Name: BERTHET, MAXIME Y  
Address: 1326 BLUE EAGLE WAY E.  
City-St-Zip: JACKSONVILLE, FL 32225 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: TOMISLAV KUSTURA

MR.

07/01/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date