

2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

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DOCUMENT # L00000013870

CONSOLIDATED ACQUISITION SERVICES, LLC



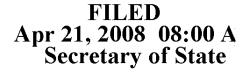
Principal Place of Business

390 NORTH ORANGE AVE SUITE 260

ORLANDO, FL 32801

Mailing Address

390 NORTH ORANGE AVE SUITE 260 ORLANDO, FL 32801





04112008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 59-3683209

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GASDICK, MICHAEL J 390 N. ORANGE AVE. **SUITE 260** ORLANDO, FL 32801

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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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U00000908925 05/06/08-80049-014 138.75

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NAME	RUBENSTEIN, NORMAN N	
STREET ADDRESS	390 NORTH ORANGE AVE SUITE 260	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE	MGRM	
NAME	RUBENSTEIN, ALVIN M	
STREET ADDRESS	390 NORTH ORANGE AVE SUITE 260	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE	MGRM	
NAME	GASDICK, MICHAEL J	
STREET ADDRESS	390 NORTH ORANGE AVE SUITE 260	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-SI-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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 imited liability company or the receiver or trustee empewered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

OMMI

Daytime Phone ≢