2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2008
Secretary of State

DOCUMENT# L00000016340

Entity Name: MULTI-MANAGE CONSULTANTS, L.L.C.

Current Principal Place of Business:

1999 LINCOLN DRIVE
101
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 49528
SARASOTA, FL 342306528

New Mailing Address:

FEI Number: 65-1080544 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHAPNICK, BRUCE P ESQ.
2033 MAIN STREET, SUITE 600
SARASOTA, FL 34237 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/MANAGERS:

Title: MGRM ( ) Delete
Name: ROBERT A. MALKIN REV, OCABLE TRUST
Address: 1999 LINCOLN DRIVE, SUITE 101
City-St-Zip: SARASOTA, FL 34236

Title: MGRM ( ) Delete
Name: OWENS, LOUIS H
Address: 700 PINE DR.
City-St-Zip: POMPANO BEACH, FL 33060

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 exemption stated in Chapter 119, 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: LOUIS H. OWENS MGRM 02/04/2008

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