

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000016340

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

950 SOUTH TAMIAMI TRAIL  
SUITE 101  
SARASOTA, FL 34236

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 49528  
SARASOTA, FL 34230

**New Mailing Address:**

**FEI Number:** 65-1080544

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**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:**

MALKIN, JOHN C  
950 SOUTH TAMIAMI TRAIL  
SUITE 101  
SARASOTA, FL 34236 US

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: JOHN C. MALKIN

02/16/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ROBERT A. MALKIN REVOCABLE TRUST  
Address: 950 SOUTH TAMIAMI TRAIL, SUITE 101  
City-St-Zip: SARASOTA, FL 34236

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

I hereby 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: JOHN C. MALKIN

RA

02/16/2011

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