2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 04, 2004 8:00 am Secretary of State

DOCUMENT # L01000002 1. Entity Name PACESETTER CONSULTING, L.L.C			05-04-2004 90027 001 ****50.00
Principal Place of Business 100 W. CYPRESS CREEK ROAD SUITE 700 FT. LAUDERDALE, FL 33309	Mailing Address 100 W. CYPRESS CREEK ROSUITE 700 FT. LAUDERDALE, FL 333		1 1631163 611 601101 XIBIT AGTIL BENI BENI BENI BENI BENI BENI BENI BENI
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 30/5 / Oca Suite, Apt. #, etc.	anblod	04232004 Chg-LLC CR2E083 (10/03)
City & State Ft. La v derdak Zip Country	City & State Ft. Lauderda	le FL	4. FEI Number Applied For 65-1078975 Not Applicable
33308 (ISA 6. Name and Address of Current	33308	USA	Certificate of Status Desired Fee Required Rame and Address of New Registered Agent
BLODIG, GREGORY J 100 W. CYPRESS CREEK ROAD SUITE 700 FT. LAUDERDALE, FL 33309		Street Addres City	s (P.O. Box Number is Not Acceptable) Norman Blvd # 121 Zip Code
8. The above named entity submits this statement of the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent.) A The	gistered office or regis	tered agent, or both, in the State of Florida. I am familiar with, and accept 473 700 DATE
Filing Fee Is \$50.00 Due by May 1, 2004		3	Make check payable to Florida Department of State
9. MANAGING MEMB TITLE MGR NAME GREENSPOON, GERALD STREET ADDRESS 100 W. CYPRESS CREEK ROA CITY-ST-ZIP FT. LAUDERDALE, FL 33309	Delete	NAME SC	ADDITIONS/CHANGES = baccoAffoster Mgr (Change Maddition 015 N. Ocean Blvd, Ste 121 + Lauderchie, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	narc J. Landau Mgr Change Seddilion 015 N Ocean Blod, Ste 121 4. Lauderdak, FL 33308
TITLE NAME STREET ADDRESS CTIY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-2P	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information shoplied wi indicated on this report is true and accurate an limited liability company or the receiver or true SIGNATURE:	h this filing does not qualify for the distance shall have the se empowared to execute this rep	e exemption stated in e same legal effect as port as required by Ch	Section 119.07(3)(i), Florida Statutes. I further certify that the information if made under oath; that I am a managing member or manager of the napter 608, Florida Statutes.