
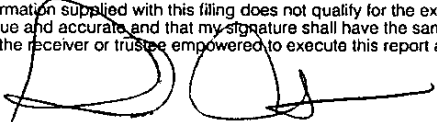


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000002773						<b>FILED</b> 06 MAY 11 PM 3:26 SECRET TALLAHASSEE, FLORIDA	
1. Entity Name <b>PACSETTER CONSULTING, L.L.C.</b>				Principal Place of Business <b>3015 N. OCEAN BLVD. FORT LAUDERDALE, FL 33308</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address <b>3015 N. OCEAN BLVD. FORT LAUDERDALE, FL 33308</b>			
City & State				4. FEI Number <b>65-1078975</b>			
Zip				5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>			
Country				04272006 Chg-LLC CR2E083 (11/05)			
6. Name and Address of Current Registered Agent <del>FASTER, REBECCA A.</del> <b>FOSTER, REBECCA A.</b> <b>3015 N. OCEAN BLVD. #121 FORT LAUDERDALE, FL 33308</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>				<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FOSTER, REBECCA 3015 N. OCEAN BLVD. STE. 121 FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
000076201800 05/14/06--01036--004 **\$495.00							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LANDAU, MARC J 3015 N. OCEAN BLVD. STE. 121 FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.							
SIGNATURE: 				<b>Rebecca A Foster</b> 4/27/06 954.563.2444			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #			