

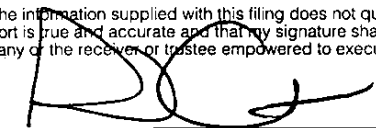


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                     |                     |         |                                                                                                                                                                                         |                                                |                                           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------|--|
| <b>DOCUMENT # L01000002773</b><br>1. Entity Name<br><b>PACESETTER CONSULTING, L.L.C.</b>                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                     |                     |         |                                                                                                        |                                                | 07 MAY 25 PM 1:16<br>TALLAHASSEE, FLORIDA |  |
| Principal Place of Business<br><b>3015 N. OCEAN BLVD.<br/>FORT LAUDERDALE, FL 33308</b>                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                     |                     |         | Mailing Address<br><b>3015 N. OCEAN BLVD.<br/>FORT LAUDERDALE, FL 33308</b>                                                                                                             |                                                |                                           |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                     | 3. Mailing Address  |         |                                                                                                       |                                                |                                           |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     | Suite, Apt. #, etc. |         |                                                                                                                                                                                         |                                                |                                           |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                     | City & State        |         |                                                                                                                                                                                         |                                                |                                           |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country                                                                             | Zip                 | Country |                                                                                                                                                                                         |                                                |                                           |  |
| 4. FEI Number<br><b>65-1078975</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                     |                     |         | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                  |                                                |                                           |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                     |                     |         | <b>\$5.00</b> Additional Fee Required                                                                                                                                                   |                                                |                                           |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>FOSTER, REBECCA A<br/>3015 N. OCEAN BLVD. #121<br/>FORT LAUDERDALE, FL 33308</b>                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |                     |         | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City                                                                |                                                |                                           |  |
| 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |                                                |                                           |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     |                     |         | <b>Make check payable to<br/>Florida Department of State</b>                                                                                                                            |                                                |                                           |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     |                     |         | <b>10. ADDITIONS/CHANGES</b>                                                                                                                                                            |                                                |                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGR<br>FOSTER, REBBECA<br>3015 N. OCEAN BLVD. STE. 121<br>FORT LAUDERDALE, FL 33308 |                     |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                          | Foster, Rebecca A.                             |                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGR<br>LANDAU, MARC J<br>3015 N. OCEAN BLVD. STE. 121<br>FORT LAUDERDALE, FL 33308  |                     |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                          | 400104253594<br>08/12/07--01006--001 **6295.00 |                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGR<br>LANDAU, MARC J<br>3015 N. OCEAN BLVD. STE. 121<br>FORT LAUDERDALE, FL 33308  |                     |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                          | MM                                             |                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGR<br>LANDAU, MARC J<br>3015 N. OCEAN BLVD. STE. 121<br>FORT LAUDERDALE, FL 33308  |                     |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                          | MM                                             |                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGR<br>LANDAU, MARC J<br>3015 N. OCEAN BLVD. STE. 121<br>FORT LAUDERDALE, FL 33308  |                     |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                          | MM                                             |                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGR<br>LANDAU, MARC J<br>3015 N. OCEAN BLVD. STE. 121<br>FORT LAUDERDALE, FL 33308  |                     |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                          | MM                                             |                                           |  |
| 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 606, Florida Statutes. |                                                                                     |                     |         |                                                                                                                                                                                         |                                                |                                           |  |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                     |                     |         | 954.563.2444                                                                                                                                                                            |                                                |                                           |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                     |                     |         | <small>Date Daytime Phone #</small>                                                                                                                                                     |                                                |                                           |  |