

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000005499

**FILED**  
**Apr 26, 2004**  
**Secretary of State**

**Entity Name:** LITIGATION CONSULTANTS, LLC

**Current Principal Place of Business:**

105 EAST LAKE BRANTLEY DRIVE  
LONGWOOD, FL 327794806

**New Principal Place of Business:**

272 WEST WARREN AVE.  
LONGWOOD, FL 32750

**Current Mailing Address:**

105 EAST LAKE BRANTLEY DRIVE  
LONGWOOD, FL 327794806

**New Mailing Address:**

272 WEST WARREN AVE.  
LONGWOOD, FL 32750

**FEI Number:** 59-3705698

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ATKINS, JAMES G  
105 EAST LAKE BRANTLEY DRIVE  
LONGWOOD, FL 327794806 US

**Name and Address of New Registered Agent:**

ATKINS, JAMES G  
272 WEST WARREN AVE.  
LONGWOOD, FL 32750 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:

04/26/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: ATKINS, JAMES G  
Address: 105 EAST LAKE BRANTLEY DRIVE  
City-St-Zip: LONGWOOD, FL 327794806

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ATKINS, JAMES G  
Address: 272 WEST WARREN AVE.  
City-St-Zip: LONGWOOD, FL 32750

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAMES G. ATKINS

PRES

04/26/2004

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