

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000006349

FILED
Sep 18, 2003
Secretary of State

Entity Name: PAVILLION CONSULTING L.L.C.

Current Principal Place of Business:

100 WEST CYPRESS CREEK ROAD
SUITE 700
FT. LAUDERDALE, FL 33309

Current Mailing Address:

100 WEST CYPRESS CREEK ROAD
SUITE 700
FT. LAUDERDALE, FL 33309

New Principal Place of Business:

10400 GRIFFIN ROAD
SUITE 304D
COOPER CITY, FL 33328

New Mailing Address:

10400 GRIFFIN ROAD
SUITE 304D
COOPER CITY, FL 33328

FEI Number: 54-2071973

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLODIG, GREGORY J ESQ.
100 WEST CYPRESS CREEK ROAD
SUITE 700
FT. LAUDERDALE, FL 33309

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: ROMEU, JOSE
Address: 11348 S.W. 58TH STREET
City-St-Zip: COOPER CITY, FL 33330

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ROMEU, JOSE V
Address: 11348 S.W. 58TH STREET
City-St-Zip: COOPER CITY, FL 33330

Title: MGRM () Change (X) Addition
Name: ROMEU, MERYL D
Address: 11348 S.W. 58TH STREET
City-St-Zip: COOPER CITY, FL 33330

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: JOSE V. ROMEU

MGR

09/18/2003

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