

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90172 001 \*\*\*750.00

**DOCUMENT # L01000007101**

1. Entity Name  
**SOUTHDOWN CONSULTANTS LLC**



Principal Place of Business  
**1333 N. DUVAL ST.  
TALLAHASSEE, FL 32302**

Mailing Address  
**1333 N. DUVAL ST.  
TALLAHASSEE, FL 32302**

**30004400**



03032005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**FLORIDA FILING & SEARCH SERVICES, INC.  
1333 N. DUVAL ST.  
TALLAHASSEE, FL 32302**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	BALMORAL MANAGEMENT LLC
STREET ADDRESS	1030 15TH ST NW
CITY-ST-ZIP	WASHINGTON, DC 20005

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*Janet M. Caruccio*

**4-21-05**

Date

**302-421-5750**

Daytime Phone #