

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000007576

Entity Name: ATLUM CONSULTING GROUP, LLC

FILED
Jan 22, 2005
Secretary of State

Current Principal Place of Business:

9416 BLUEBIRD DRIVE
TAMPA, FL 33647

New Principal Place of Business:

10317 NEDOW CROSSING
TAMPA, FL 33647

Current Mailing Address:

2390 REID HOOKER RD
EADS, TN 38028

New Mailing Address:

2390 N. REID HOOKER RD
EADS, TN 38028

FEI Number: 59-3722122

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

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: STINNETT, MICHAEL K PARTNER
Address: 2390 REID HOOKER RD.
City-St-Zip: EADS, TN 38028

Title: MGR () Delete
Name: GONZALEZ, MARIO PARTNER
Address: 9416 BLUEBIRD DRIVE
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: STINNETT, MICHAEL K PARTNER
Address: 2390 N. REID HOOKER RD.
City-St-Zip: EADS, TN 38028

Title: MGR (X) Change () Addition
Name: GONZALEZ, MARIO PARTNER
Address: 10317 MEDOW CROSSING
City-St-Zip: TAMPA, FL 33647

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: MICHAEL STINNETT

MGR

01/22/2005

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