


# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90132 014 \*\*\*\*50.00

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<b>DOCUMENT # L01000009503</b>	
1. Entity Name <b>SALAZAR EDUCATIONAL TRAINING &amp; CONSULTING SERVICES, L.L.C.</b>	

Principal Place of Business <b>2703 SNOW GOOSE LANE LAKE MARY FL 32746</b>	Mailing Address <b>2703 SNOW GOOSE LANE LAKE MARY FL 32746</b>
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2. Principal Place of Business <b>297 Meadow Beauty Ter</b>	3. Mailing Address <b>PO Box 950688</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Sanford, FL</b>	City & State <b>Lake Mary, FL</b>
Zip <b>32771</b>	Country <b>Seminole</b>
Zip <b>32795</b>	Country <b>Seminole</b>



☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent <b>BILLINGS, ROGER S 2703 SNOW GOOSE LANE LAKE MARY FL 32746</b>	
7. Name and Address of New Registered Agent Name <b>Billings Roger S.</b> Street Address (P.O. Box Number is Not Acceptable) <b>297 Meadow Beauty Terrace</b> City <b>Sanford</b> FL Zip Code <b>32771</b>	

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 *Roger S. Billings* DATE 4/11/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BILLINGS, ROGER S DR. 2703 SNOW GOOSE LANE LAKE MARY FL 32746</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Roger S. Billings 297 Meadow Beauty Terrace Sanford, FL 32771</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BILLINGS, FLOR M P 2703 SNOW GOOSE LANE LAKE MARY FL 32746</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Flor m. Billings 297 Meadow Beauty Terrace Sanford, FL 32771</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM COGGINS, PATRICK C DR. 744 VASSAR RD DELAND FL 32724</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WHITE, EVA L MRS. 1708 NW 163 TERRACE PEMBROKE PINES FL 33028</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Roger S. Billings* DATE 4/11/03 DAYTIME PHONE # 4072215988

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

CR2E083 (10/02)