

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000011047

FILED  
Apr 28, 2005  
Secretary of State

Entity Name: CONSULTICO LLC

**Current Principal Place of Business:**

731 NORTHWEST 42ND AVENUE  
COCONUT CREEK, FL 33066 US

**New Principal Place of Business:**

**Current Mailing Address:**

%MARK I. IRGBER, C.P.A., P.A.  
3071 NORTHWEST 107TH AVE  
CORAL SPRINGS, FL 330653626 US

**New Mailing Address:**

%MARK I. INGBER, C.P.A., P.A.  
10100 WEST SAMPLE ROAD #326  
CORAL SPRINGS, FL 330653973 US

FEI Number: 65-1123482

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

REZNIK, BARNEY  
731 NORTHWEST 42ND AVENUE  
COCONUT CREEK, FL 33066 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: MGRM ( ) Delete  
Name: REZNIK, BARNEY P  
Address: 731 NORTHWEST 42ND AVENUE  
City-St-Zip: COCONUT CREEK, FL 33066 US

Title: MGRM ( ) Delete  
Name: REZNIK, JULIE M  
Address: 731 NORTHWEST 42ND AVENUE  
City-St-Zip: COCONUT CREEK, FL 33066 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MARK I INGBER

ACC

04/28/2005

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