

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2002 8:00 am
Secretary of State

06-19-2002 90937 001 ***450.00

DOCUMENT # L01000013671

1. Entity Name

MANSELL & PARTNER CONSULTING LLC

Principal Place of Business

**1333 NORTH DUVAL STREET
TALLAHASSEE FL 32302**

Mailing Address

**1333 NORTH DUVAL STREET
TALLAHASSEE FL 32302**

2. Principal Place of Business

72 NEW BOND STREET

3. Mailing Address

Suite, Apt. #, etc.

27581 - SUITE

City & State

LONDON

City & State

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete
**MGRM
CAVENDISH MANAGMENT LLC**
STREET ADDRESS
1000 CONNECTICUT AVE., NW, SUITE 1020
CITY-ST-ZIP
WASHINGTON DC 20036

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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.

FOR AND ON BEHALF OF

SIGNATURE

CAVENDISH MANAGEMENT LLC

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

Date

Daytime Phone #

CR2E083 (9/01)