# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

#### **DOCUMENT # L01000018103**

1. Entity Name

BUSINESS CONSULTING GROUP, LLC



FILED
Jan 24, 2005 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

518 NORTH TAMPA STREET 290 TAMPA, FL 33602 US 518 NORTH TAMPA STREET

290

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TAMPA, FL 33602 US



01172005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3752213

Applied For Not Applicable

5. Certificate of Status Desired

**#** }

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTIN, DOUGLAS F 106 ADRIATIC AVE. TAMPA, FL 33606

### DO NOT WRITE IN THIS SPACE

<ol> <li>The above named entity submits this statement for the purpose of change the obligations of registered agent.</li> </ol>	ing its registered office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	(NOTE Registered Agent signature required when reinstaling)	DATE

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

9. MANAĞINĞ MEMBERS/MANAGERS		
TITLE	MGRM	
NAME	MARTIN, DOUGLAS F	
STREET ADDRESS	106 ADRIATIC AVE.	
CITY-ST-ZIP	TAMPA, FL 33606	
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CITY-ST-ZIP		

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## 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: JALLE AND TYPED OF PRINTED NAME OF SKINING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DOUKLAS E MARTIN //7/05

813/22/5-/11/3 Daytime Phone #