

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 14, 2006 08:00 AM
Secretary of State**

DOCUMENT # L01000018347

1. Entity Name
**CONSOLIDATED RESOURCES OF SOUTH FLORIDA,
L.L.C.**



Principal Place of Business

**5119 SUFFOLK DR
BOCA RATON, FL 33496**

Mailing Address

**5119 SUFFOLK DR
BOCA RATON, FL 33496**



04202006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
27-0006760

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JOSHI, JAYANT
5119 SUFFOLK DR
BOCA RATON, FL 33496-1641**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

U00000509823~M
04/28/06-80058-024 50.00~M

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	JOSHI, JAYANT
STREET ADDRESS	5119 SUFFOLK DR
CITY-ST-ZIP	BOCA RATON, FL 334961641
TITLE	MGRM
NAME	D SHARMA MD PA PROFIT SHARING
STREET ADDRESS	927 SELMA RD
CITY-ST-ZIP	SMITHFIELD, NC 27577
TITLE	MGRM
NAME	DESAI, APURVA
STREET ADDRESS	5119 SUFFOLK DR
CITY-ST-ZIP	BOCA RATON, FL 334961641
TITLE	MGRM
NAME	SHARMA, DAVENDRA
STREET ADDRESS	5525 N MILITARY TR
CITY-ST-ZIP	BOCA RATON, FL 33446
TITLE	MGRM
NAME	PANDYA, ABHI
STREET ADDRESS	9260 GETTYSBURG RD
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	MGRM
NAME	DESAI, MEHUL
STREET ADDRESS	5119 SUFFOLK DR
CITY-ST-ZIP	BOCA RATON, FL 334961641

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Jay Joshi

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

4/20/06 954-520-4352

Date

Daytime Phone #