


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000002624 1. Entity Name HOWARD KRAUSE CONSULTING, LLC	
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Principal Place of Business 3900 GALT OCEAN DRIVE SUITE 1502 FT. LAUDERDALE, FL 33308	Mailing Address 3900 GALT OCEAN DRIVE SUITE 1502 FT. LAUDERDALE, FL 33308
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03282005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 68-0488225	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent KRAUSE, HOWARD 3900 GALT OCEAN DRIVE SUITE 1502 FT. LAUDERDALE, FL 33308	DO NOT WRITE IN THIS SPACE
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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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRAUSE, HOWARD 3900 GALT OCEAN DRIVE FT. LAUDERDALE, FL 33308
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04/11/05-80112-011 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Howard Krause 4-8-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____