


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 15, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L02000002624 1. Entity Name HOWARD KRAUSE CONSULTING, LLC |  |
|---|---|

| | |
|--|--|
| 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 |
|--|--|

| |
|-----------------------------------|
| DO NOT WRITE IN THIS SPACE |
|-----------------------------------|



02052008 No Chg-LLC

CR2E083 (12/07)

| | |
|-----------------------------|-------------------------------|
| 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 |
|---------------------------------------|

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:

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000829053
02/26/08-80026-013 138.75

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR KRAUSE, HOWARD 3900 GALT OCEAN DRIVE FT. LAUDERDALE, FL 33308 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

| |
|---------------------------------------|
| 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: Howard Krause 2-11-08 954-410-6005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #