


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90072 027 ****50.00

DOCUMENT # L02000006251 1. Entity Name FINANCIAL CONSULTING GROUP, LLC					
Principal Place of Business ONE FINANCIAL PLAZA, SUITE 1600 FORT LAUDERDALE, FL 33394			Mailing Address 5746 MARLIN ROAD, SUITE 500 CHATTANOOGA, TN 37411		
2. Principal Place of Business 5561 N University Dr. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
Ste 102 City & State Coral Springs, FL		City & State		4. FEI Number 01-0717079	
Zip 33067		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MUCCI, MARK S ONE FINANCIAL PLAZA, SUITE 1600 FORT LAUDERDALE, FL 33394				7. Name and Address of New Registered Agent Name Mucci, Mark S Street Address (P.O. Box Number is Not Acceptable) 5561 N University Dr. City Coral Springs, FL Zip Code 33067	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEARES, DONALD ONE FINANCIAL PLAZA, SUITE 1600 FORT LAUDERDALE, FL 33394 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Meares, Donald 5561 N University Dr. Coral Springs, FL 33067 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Donald Meares</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>2-4-06</u> (423) 892-4882 <small>Daytime Phone #</small>		