2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/1

FILED
Jun 01, 2007 8:00 am
Secretary of State
05-16-2007 90173 019 ****50.00

DOCUMENT # L02000006378

1. Entity Name
IVY LEAGUE CONSULTING, LLC

Principal Place of Business	Mailing Address
~~SUITE 405~~ ~~100 WEST GORE STREET~~ ORLANDO, FL 32806	~~SUITE 405~~ ~~100 WEST GORE STREET~~ ORLANDO, FL 32806

30009495

DO NOT WRITE IN THIS SPACE

02082007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
46-0488372

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LAMOY, PAMELA
~~SUITE 405~~
~~100 WEST GORE STREET~~
ORLANDO, FL 32806

FLORIDA UROLOGY GROUP, P.A.
21 W. COLUMBIA ST., SUITE 101
ORLANDO, FLORIDA 32806

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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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	HUNTER, PATRICK T
STREET ADDRESS	~~STE 404 A 100 W GORE ST~~
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: X _____ X 5/12/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #