2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000006663

1. Entity Name

NEW RESULTS CONSULTING GROUP, LLC

Principal Place of Business	Mailing Address
5050 CENTRAL SARASOTA PARKWAY SUTIE 309 SARASOTA FL 34238	5050 CENTRAL SARASOTA PARKWAY SUTIE 309 SARASOTA FL 34238

2. Principal Place of Business
750 N. TAMIAMI TRAIL

Suite, Apt. #, etc.
SUITE 1216

City & State
SARASOTA FL

Zip 34236   Country US

3. Mailing Address
750 N. TAMIAMI TRAIL

Suite, Apt. #, etc.
SUITE 1216

City & State
SARASOTA FL

Zip 34236   Country US

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 02-0569804   ☐ Applied For   ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GEERY, BRIAN
5050 CENTRAL SARASOTA PARKWAY
SUTIE 369
SARASOTA FL 34238

7. Name and Address of New Registered Agent

Name BRIAN GEERY

Street Address (P.O. Box Number is Not Acceptable)
750 NORTH TAMIAMI TRAIL

SUITE 1216

City SARASOTA   FL   Zip Code 34236

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 X _[signature]_   DATE 8/04/03

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9.	MANAGING MEMBERS/MANAGERS		**10.**		ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GEERY, BRIAN 5050 CENTRAL SARASOTA PARKWAY SARASOTA FL 34238	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	*Brian Geery* *750 N. Tamiami Trail, #1216* *Sarasota, Florida 34236*	☑ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

CR2E083 (10/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(I), 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 _[signature]_ SIGNATURE REQUIRED   8/04/03   941 3624326

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #