


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000009110 1. Entity Name WHAM CONSULTING GROUP, LLC					
Principal Place of Business 5001 LAKEFRONT DRIVE, #11-F TALLAHASSEE, FL 32303			Mailing Address P.O. BOX 444 TALLAHASSEE, FL 32302		
2. Principal Place of Business - No P.O. Box # 18800 NE 29th Avenue		3. Mailing Address Suite, Apt. #, etc. Suite # 520 East			
City & State Aventura, FL		City & State Suite, Apt. #, etc.		4. FEI Number 42-1533551	
Zip 33180		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MAGDALENO, NICK 5001 LAKEFRONT DRIVE, #11-F TALLAHASSEE, FL 32303				7. Name and Address of New Registered Agent Name SUHE Street Address (P.O. Box Number is Not Acceptable) 18800 NE 29th Avenue, # 520 East City Aventura FL Zip Code 33180	
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 _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MAGDALENO, NICK 5001, LAKEFRONT DRIVE, #11-F TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete 18800 NE 29th Ave # 520 East Aventura, FL 33180		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 500125863975 04/25/08--01036--006 **431.25	
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date April 25, 2008 Daytime Phone # 305-907-4556		