

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000012274	
1. Entity Name FERRELL SCHULTZ CONSULTING - MIDDLE EAST, LLC	



Principal Place of Business 201 SOUTH BISCAYNE BLVD. 34TH FLOOR MIAMI, FL 33131	Mailing Address 201 SOUTH BISCAYNE BLVD. 34TH FLOOR MIAMI, FL 33131
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03072005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent FERRELL GROUP CORPORATE SERVICES, L.L.C. 201 SOUTH BISCAYNE BLVD 34TH FLOOR MIAMI, FL 33131

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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FERRELL GROUP HOLDING COMPANY LLC 201 S BISCAYNE BLVD 34TH FLR MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FERRELL, MILTON M JR 201 S. BISCAYNE BLVD., STE 3400 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DA CASTIGLIONE, MAYRA C 201 S. BISCAYNE BLVD., STE 3400 MIAMI, FL 33131
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04/20/05-80064-021 55.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Mayra C. Castiglione 4/14/05 305-371-8585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #