


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90190 001 ****50.00

DOCUMENT # L02000013583 1. Entity Name AEF CONSULTING, LLC			
Principal Place of Business 9911 N.W. 48TH COURT CORAL SPRINGS, FL 33076		Mailing Address 9911 N.W. 48TH COURT CORAL SPRINGS, FL 33076	
2. Principal Place of Business - No P.O. Box # 279 KEY PALM ROAD Suite, Apt. #, etc.		3. Mailing Address 279 KEY PALM ROAD Suite, Apt. #, etc.	
City & State BOCA RATON FL		City & State BOCA RATON	
Zip 33432	Country USA	Zip 33432	Country USA
6. Name and Address of Current Registered Agent EISNER, NEIL 9911 N.W. 48TH COURT CORAL SPRINGS, FL 33076		7. Name and Address of New Registered Agent Name NEIL EISNER Street Address (P.O. Box Number is Not Acceptable) 279 KEY PALM ROAD City BOCA RATON FL Zip Code 33432	
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 <u><i>Neil Eisner</i></u> - MANAGING MEMBER 3-5-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EISNER, NEIL 9911 N.W. 48TH COURT CORAL SPRINGS, FL 33076 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EISNER, NEIL 279 KEY PALM ROAD BOCA RATON, FL 33432 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANDREACCI, DANIEL 1951 N.W. 19TH STREET, SUITE 200 BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANDREACCI, DANIEL 3524 TURENNE WAY WELLINGTON, FL 33467 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FALCONE, ARTHUR J 1951 N.W. 19TH STREET, SUITE 200 BOCA RATON, FL 33431 <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
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
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><i>Neil Eisner</i></u> - MANAGING MEMBER 3-5-07 954-444-7834 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	

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03042007 Chg-LLC CR2E083 (12/06)

4. FEI Number **22-3871586** Applied For ☐ Not Applicable ☐

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