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Secretary of State
04-19-2007 90029 030 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000017573

1. Entity Name
LTB CONSULTING, LLC

Principal Place of Business	Mailing Address
3321 S.W. 94TH DRIVE GAINESVILLE, FL 32608	3321 S.W. 94TH DRIVE GAINESVILLE, FL 32608

DO NOT WRITE IN THIS SPACE

04092007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
13-4204161
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BOWEN, TIMOTHY J
3321 S.W. 94TH DRIVE
GAINESVILLE, FL 32608

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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: J Bowen Timothy J Bowen DATE: 4/9/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	BOWEN, TIMOTHY J
STREET ADDRESS	3321 S.W. 94TH DRIVE
CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	MGR
NAME	BOWEN, LINDA S
STREET ADDRESS	3321 S.W. 94TH DRIVE
CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: J Bowen