2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 21, 2004
Secretary of State

DOCUMENT# L02000018987

Entity Name: CB CONSULTING, LLC

Current Principal Place of Business:

13160 HEATHER MOSS DRIVE
219
ORLANDO, FL 32837

New Principal Place of Business:

3543 MAPLE RIDGE LOOP
KISSIMMEE, FL 34741

Current Mailing Address:

13160 HEATHER MOSS DRIVE
219
ORLANDO, FL 32837

New Mailing Address:

3543 MAPLE RIDGE LOOP
KISSIMMEE, FL 34741

FEI Number: 57-1145491 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: BEISER, CLIFF
Address: 13160 HEATHER MOSS DR #219
City-St-Zip: ORLANDO, FL 32837

Title: S ( ) Delete
Name: BEISER, CLIFF
Address: 13160 HEATHER MOSS DR #219
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BEISER, CLIFF
Address: 3543 MAPLE RIDGE LOOP
City-St-Zip: KISSIMMEE, FL 34741

Title: MGR (X) Change ( ) Addition
Name: BEISER, LINDA
Address: 3543 MAPLE RIDGE LOOP
City-St-Zip: KISSIMMEE, FL 34741

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CLIFF BEISER MGRM 05/21/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date