

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000019365	
1. Entity Name BUILDING MANAGEMENT CONSULTANTS, LLC	

Principal Place of Business 9031 WINGED FOOT DRIVE TALLAHASSEE, FL 32312	Mailing Address 9031 WINGED FOOT DRIVE TALLAHASSEE, FL 32312
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DO NOT WRITE IN THIS SPACE

04302004No Chg-LLC CR2E063 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MEANS, DARYL A 9031 WINGED FOOT DRIVE TALLAHASSEE, FL 32312	DO NOT WRITE IN THIS SPACE
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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.

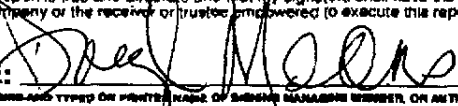
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when representing) **DATE** _____

Filing Fee is \$85.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM MEANS, DARYL 9031 WINGED FOOT DR TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM MEANS, GAY H 9031 WINGED FOOT DR TALLAHASSEE, FL 32312
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DO NOT WRITE
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11. I hereby certify that the information supplied with this filing does not qualify 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 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 806, Florida Statutes.

SIGNATURE:  **4-30-04**

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Deputy Phone #