

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000019365

FILED
May 28, 2005
Secretary of State

Entity Name: BUILDING MANAGEMENT CONSULTANTS, LLC

Current Principal Place of Business:

9031 WINGED FOOT DRIVE
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

9031 WINGED FOOT DRIVE
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MEANS, DARYL A
9031 WINGED FOOT DRIVE
TALLAHASSEE, FL 32312 US

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: MEANS, DARYL
Address: 9031 WRINGED POST DR
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM () Delete
Name: MEANS, GAY H
Address: 9031 WRINGED FOOT DR
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MEANS, DARYL
Address: 9031 WINGED FOOT DR
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM (X) Change () Addition
Name: MEANS, GUY H
Address: 9031 WINGED FOOT DR
City-St-Zip: TALLAHASSEE, FL 32312

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: GUY H MEANS

MGRM

05/28/2005

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