2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000023822

1. Entity Name
TLS CONSULTING, LLC

Principal Place of Business	Mailing Address
13180 N. CLEVELAND AVE. SUITE 328 N. FORT MYERS, FL 33903	POST OFFICE BOX 2251 FORT MYERS, FL 33902

DO NOT WRITE IN THIS SPACE

04022004No Chg-LLC   CR2E083 (10/03)

4. FEI Number		Applied For
54-2076259		Not Applicable
5. Certificate of Status Desired		$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET, 4TH FLOOR
MIAMI, FL 33145

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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 reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2004

U000000111048
04/12/04-80107-013 55.00

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGR	
NAME	SLATER, TANYA L	
STREET ADDRESS	13180 N. CLEVELAND AVE. SUITE 328	
CITY-ST-ZIP	N. FT. MYERS, FL 33903	
TITLE		
NAME		
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CITY-ST-ZIP		

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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 608, Florida Statutes.

SIGNATURE: _Tanya L. Slater_ April 2, 2004 239 997-7770

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