

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000024208 1. Entity Name CONSILIENCE, L.L.C.					
Principal Place of Business 4600 SW 46TH CT SUITE 340 OCALA, FL 34474			Mailing Address 2500 S.W.17TH ROAD BUILDING 100, SUITE 100 OCALA, FL 34474		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04132007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 41-2061342				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIS, PAULA A ESQ. 9186 MCDUGAL CT TALLAHASSEE, FL 32312			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOCKE, D. RUSSELL 2500 SW 17TH RD BLDG 100 STE 100 OCALA, FL 34474	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOCKE, LAURIE 2500 SW 17TH RD BLDG 100 STE 100 OCALA, FL 34474	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOCKE, LAURIE 2500 SW 17TH RD BLDG 100 STE 100 OCALA, FL 34474	<input type="checkbox"/> Delete			
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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: <i>D. Russell Locke</i>			4/24/07 352-873-6976		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		