

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 06, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90292 032 \*\*\*\*\*55.00

|                                                                                      |  |                                                                                   |
|--------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L02000032258</b>                                                       |  |  |
| 1. Entity Name<br><b>ALTERNATIVE CONSULTANTS, LLC</b>                                |  |                                                                                   |
| Principal Place of Business<br><b>5799 100 WAY NORTH<br/>ST. PETERSBURG FL 33708</b> |  | Mailing Address<br><b>5799 100 WAY NORTH<br/>ST. PETERSBURG FL 33708</b>          |

**34002853**



|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

|                                    |  |                                                                    |  |                                                        |
|------------------------------------|--|--------------------------------------------------------------------|--|--------------------------------------------------------|
| 4. FEI Number<br><b>06-1690373</b> |  | APPLIED FOR                                                        |  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired   |  | <input checked="" type="checkbox"/> \$5.00 Additional Fee Required |  |                                                        |

|                                                                            |  |
|----------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent                            |  |
| <b>NRAI SERVICES, INC.<br/>526 EAST PARK AVE.<br/>TALLAHASSEE FL 32301</b> |  |

|                                                    |             |
|----------------------------------------------------|-------------|
| 7. Name and Address of New Registered Agent        |             |
| Name                                               |             |
| Street Address (P.O. Box Number is Not Acceptable) |             |
| City                                               | FL Zip Code |

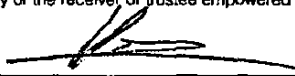
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

| 9. MANAGING MEMBERS/MANAGERS                   |                                                                                                        | 10. ADDITIONS/CHANGES                          |                                                                   |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>VERVLIT, BENNI<br>5799 100 WAY NORTH<br>ST. PETERSBURG FL 33708 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:**  **VERVLIT B.** **02.19.04** **1 727 3986896**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #