

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 04, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000033074

1. Entity Name
LLW CONSULTANTS, LLC



Principal Place of Business
125 S. GADSDEN STREET
SUITE 300
TALLAHASSEE, FL 32301

Mailing Address
PO BOX 10430
TALLAHASSEE, FL 32302

DO NOT WRITE IN THIS SPACE



07022004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0500793	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FOREHAND, JOHN W
C/O LEWIS, LONGMAN & WALKER, P.A.
125 SOUTH GADSDEN STREET
TALLAHASSEE, FL 32301

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IN THIS SPACE**

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 September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LEWIS, LONGMAN & WALKER, P.A.
STREET ADDRESS	125 S. GADSDEN STREET, SUITE 300
CITY-ST-ZIP	TALLAHASSEE, FL 32301

TITLE	MGR
NAME	BIRCHFIELD, W. O.
STREET ADDRESS	9428 BAYMEADOWS ROAD, SUITE 625
CITY-ST-ZIP	JACKSONVILLE, FL 32556

TITLE	MGR
NAME	FOREHAND, JOHN W
STREET ADDRESS	125 S. GADSDEN STREET, SUITE 300
CITY-ST-ZIP	TALLAHASSEE, FL 32301

TITLE	MGR
NAME	SPIILLIAS, KENNETH G
STREET ADDRESS	1700 PALM BEACH LAKES BLVD.
CITY-ST-ZIP	WEST PALM BEACH, FL 33401

TITLE	MGR
NAME	RUBENSTEIN, DAVID
STREET ADDRESS	1700 PALM BEACH LAKES BLVD.
CITY-ST-ZIP	WEST PALM BEACH, FL 33401

TITLE	MGR
NAME	WALKER, STEPHEN A
STREET ADDRESS	1700 PALM BEACH LAKES BLVD.
CITY-ST-ZIP	WEST PALM BEACH, FL 33401

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7/2/04

Date

850/222-5702

Daytime Phone #