

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000033074

FILED
Mar 19, 2009
Secretary of State

Entity Name: LLW CONSULTANTS, LLC

Current Principal Place of Business:

2600 CENTENNIAL PLACE
SUITE 100
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

PO BOX 16098
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 76-6201303

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOREHAND, JOHN W
C/O LEWIS, LONGMAN & WALKER, P.A.
2600 CENTENNIAL PLACE, SUITE 100
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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/MANAGERS:

Title: MGRM () Delete
Name: RAMBA, DAVID E
Address: 2600 CENTENNIAL PLACE, SUITE 100
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGR () Delete
Name: DURDEN, BRENN A
Address: 245 RIVERSIDE AVENUE, SUITE 150
City-St-Zip: JACKSONVILLE, FL 32202

Title: MGR () Delete
Name: FOREHAND, JOHN W
Address: 2600 CENTENNIAL PLACE, SUITE 100
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGR () Delete
Name: RATKA, ED
Address: 1700 PALM BEACH LAKES BLVD. SUITE 1000
City-St-Zip: WEST PALM BEAC, FL 33401

Title: MGR () Delete
Name: WALKER, STEPHEN A
Address: 1700 PALM BEACH LAKES BLVD., SUITE 1000
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGR () Delete
Name: FUMERO, JOHN
Address: 1700 PALM BEACH LAKES BLVD., SUITE 1000
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ED RATKA

MGR

03/19/2009

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