


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90031 036 ****50.00

DOCUMENT # L03000009405	
1. Entity Name PASSARELLI CONSULTING, LLC	

Principal Place of Business 140 FOXFIRE CIRCLE DAYTONA BEACH, FL 32114	Mailing Address P.O. BOX 356 FISHKILL, NY 12524
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64010004

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

03302004 Chg-LLC CR2E083 (10/03)

4. FEI Number 86-1059150	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 KIRSHON, MICHAEL W ESQ. 7700 WEST CAMINO REAL SUITE 400 BOCA RATON, FL 33433		7. Name and Address of New Registered Agent Name JUDITH PASSARELLI Street Address (P.O. Box Number is Not Acceptable) 140 FOX FINE CIRCLE City DAYTONA BEACH FL Zip Code 32114	
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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. JUDITH PASSARELLI SIGNATURE <i>Judith Passarelli</i> DATE 4-13-04	
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Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PASSARELLI, GEORGE P.O. BOX 356 FISHKILL, NY 12524 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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. GEORGE PASSARELLI SIGNATURE: <i>George Passarelli</i> DATE 4-13-04 (845) 567-1100	
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