


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 18, 2006 8:00 am
Secretary of State

08-18-2006 90027 037 ****50.00

DOCUMENT # L03000020915		
1. Entity Name RDBG CONSULTING GROUP, LLC		


Principal Place of Business 2008 RIVERSIDE AVENUE SUITE 200 JACKSONVILLE, FL 32204	Mailing Address 2008 RIVERSIDE AVENUE SUITE 200 JACKSONVILLE, FL 32204
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2. Principal Place of Business 1732 Margaret St. Suite, Apt. #, etc.	3. Mailing Address 1732 Margaret St. Suite, Apt. #, etc.
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City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32204	Zip 32204
Country USA	Country USA

6. Name and Address of Current Registered Agent AUSTIN, RONALD R ESQUIRE 1400 PRUDENTIAL DRIVE SUITE 1 JACKSONVILLE, FL 32207	
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20052914



07212006 Chg-LLC CR2E083 (11/05)

4. FEI Number 55-0837594	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

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

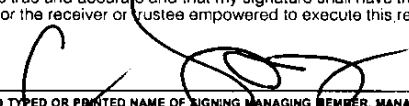
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$50.00 Due by September 6, 2006	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 DAVIS, DIANE 2008 RIVERSIDE AVENUE JACKSONVILLE, FL 32204 <input checked="" 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	MGRM JONES, COREY 2008 RIVERSIDE AVENUE, SUITE 200 JACKSONVILLE, FL 32204 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1732 Margaret St. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONES, CHRISTOPHER 2008 RIVERSIDE AVENUE, SUITE 200 JACKSONVILLE, FL 32204 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1732 Margaret St. <input checked="" 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
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 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:  8/15/06 (904) 396-9910

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #