2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# L03000028080

Entity Name: SMART BUSINESS CONSULTING SERVICES (SBCS)LLC

Current Principal Place of Business:

586 UDELL LANE
DELRAY BEACH, 33445

New Principal Place of Business:

586 UDELL LANE
DELRAY BEACH, FL 33445 US

Current Mailing Address:

586 UDELL LANE
DELRAY BEACH, 33445

New Mailing Address:

586 UDELL LANE
DELRAY BEACH, FL 33445 US

FEI Number: 86-1075677 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCFARLANE, OSTED A
4265 NW 9TH ST
DELRAY BEACH, FL 33445 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/MEMBERS:

Title: MGR ( ) Delete
Name: DUNNING, ANGELIA
Address: 586 UDELL LANE
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: MGR ( ) Delete
Name: MCFARLANE, OSTED A
Address: 4265 NW 9TH ST
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: MGR ( ) Delete
Name: THOMAS, PERRIE
Address: 3400 NW 4TH AVE
City-St-Zip: MARGATE, FL 33068 US

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANGELA DUNNING MGRM 04/30/2004

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