2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
May 25, 2005
Secretary of State

DOCUMENT# L03000038720

Entity Name: RHINO CONSULTING, LLC

Current Principal Place of Business:

7171 TRADITION COVE LANE EAST
WEST PALM BEACH, FL 33412 US

New Principal Place of Business:

10130 NORTHLAKE BLVD.
SUITE 214-164
WEST PALM BEACH, FL 33412 US

Current Mailing Address:

7171 TRADITION COVE LANE EAST
WEST PALM BEACH, FL 33412 US

New Mailing Address:

10130 NORTHLAKE BLVD.
SUITE 214-164
WEST PALM BEACH, FL 33412 US

FEI Number: 54-2135045 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PINCUS, WILLIAM H ESQ.
328 N. LAKESIDE CT.
WEST PALM BEACH, FL 33407 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: MGRM ( ) Delete
Name: FLYNN, JOHN H
Address: 7171 TRADITION COVE LANE EAST
City-St-Zip: WEST PALM BEACH, FL 33412 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR ( ) Change (X) Addition
Name: FLYNN, MARIA A
Address: 7171 TRADITION COVE LANE EAST
City-St-Zip: WEST PALM BEACH, FL 33412

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: JOHN H FLYNN MGR 05/25/2005

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