## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L03000039125

1. Entity Name

FERRELL SCHULTZ CONSULTING, LLC



FILED
Apr 11, 2005 08:00 AM
Secretary of State

Principal Place of Business

201 S. BISCAYNE BLVD.

34TH FLOOR MIAMI, FL 33131 US Mailing Address

201 S. BISCAYNE BLVD. 34TH FLOOR

MIAMI, FL 33131



03072005 No Chg-LLC

CR2E083 (10/03)

Applied For

Not Applicable

4. FEI Number 20-0301663

5. Certificate of Status Desired \$5

Desired 

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FERRELL GROUP CORPORATE SERVICES, LLC 201 S. BISCAYNE BLVD. 34TH FLOOR

MIAMI, FL 33131

DC	NOT	WRITE
IN	THIS	<b>SPACE</b>

<ol> <li>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.</li> </ol>						
SIGNATURE Sphalure, typed or printed name of registered agent and title if applicable		(NOTE Registered Agent signature required when reinstaling)		DATE		
Filing Fee is \$50.00 Due by May 1, 2005						
9,	MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR IBLER, GEROLD 201 S. BISCAYNE BLVD., 34TH FLOOR MIAMI, FL 33131	% <del>2-</del> 	<del></del> .	U00000299769 04/11/05-80123-016 5	50 <b>.</b> 00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			· <del></del> - ·- · · · · · · · · · · · · · · · ·			
TATLE NAME STREET ADDRESS CITY-ST-ZIP				NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN.	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE				÷		

11. I hereby certify that the information supplied with this tiling 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 eath; that I am a managing member or manager of the limited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**\$**/7/05

305-371-8585

Daytime Phone #