

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000039289

FILED  
Jan 04, 2005  
Secretary of State

Entity Name: CONSULTING INTERNATIONAL GROUP L.C

## Current Principal Place of Business:

4001 BENEVA RD  
410  
SARASOTA, FL 34233

## New Principal Place of Business:

## Current Mailing Address:

4001 BENEVA RD  
410  
SARASOTA, FL 34233

## New Mailing Address:

5259 MYRTLEWOOD  
SARASOTA, FL 34235

FEI Number: 20-0299832

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

OSORIO, BEATRIZ E  
4001 BENEVA RD  
409  
SARASOTA, FL 34233 US

## Name and Address of New Registered Agent:

OSORIO, BEATRIZ E  
5259 MYRTLEWOOD  
SARASOTA, FL 34235 US

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:

01/04/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: OSORIO, BEATRIZ E  
Address: 4001 BENEVA RD APT 410  
City-St-Zip: SARASOTA, FL 34233

Title: MGRM ( ) Delete  
Name: OSORIO, LEONOR V  
Address: 4931 ELFRIDA AVE  
City-St-Zip: SARASOTA, FL 34237

Title: MGRM ( ) Delete  
Name: GOMEZ, LUIS A  
Address: 4001 BENEVA RD APT 410  
City-St-Zip: SARASOTA, FL 34233

Title: MGRM ( ) Delete  
Name: LONDOÑO, JORGE N  
Address: 4931 ELFRIDA AVE  
City-St-Zip: SARASOTA, FL 34237

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: OSORIO, BEATRIZ E  
Address: 5259 MYRTLEWOOD  
City-St-Zip: SARASOTA, FL 34235

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

Title: MGRM (X) Change ( ) Addition  
Name: GOMEZ, LUIS A  
Address: 5259 MYRTLEWOOD  
City-St-Zip: SARASOTA, FL 34235

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: BEATRIZ E OSORIO B

MRS

01/04/2005

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