

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000005489 1. Entity Name CBA CONSULTING GROUP LLC	
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Principal Place of Business 2638 JAYS NEST LN HOLIDAY, FL 34691 US	Mailing Address 2638 JAYS NEST LN HOLIDAY, FL 34691 US
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02062006 No Chg-LLC

CR2E083 (11/05)

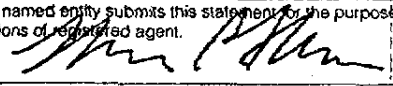
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4. FEI Number 20-1279148	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent FRANCHINA, THOMAS C 2638 JAYS NEST LN HOLIDAY, FL 34691

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IN THIS SPACE**

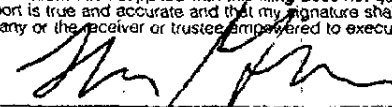
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.		
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable	THOMAS C. FRANCHINA (NOTE: Registered Agent signature required when reinstating)	2.6.06 DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRANCHINA, THOMAS C 2638 JAYS NEST LN HOLIDAY, FL 34691
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02/21/06-80037-004 50.00**

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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 603, Florida Statutes.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	THOMAS C. FRANCHINA Date	2.06.06 Daytime Phone #