


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

3. **FILED**
Apr 22, 2005 8:00 am
Secretary of State

03-17-2005 90137 008 ****50.00

DOCUMENT # L04000007571 1. Entity Name ALASKAN DRAGON CONSULTING LLC		
Principal Place of Business 255 EVERNIA STREET 624 WEST PALM BEACH, FL 33401		Mailing Address 255 EVERNIA STREET 624 WEST PALM BEACH, FL 33401
2. Principal Place of Business Suite, Apt. #, etc. 1417 WEST CENTRAL ST City & State LANTANA, FL Zip 33462 Country		3. Mailing Address Suite, Apt. #, etc. 1417 WEST CENTRAL ST City & State LANTANA, FL Zip 33462 Country
4. FEI Number 200654125		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		02112005 Chg-LLC CR2E083 (10/03)
6. Name and Address of Current Registered Agent GRANICK, NEAL D 255 EVERNIA STREET 624 WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name NEAL D GRANICK Street Address (P.O. Box Number is Not Acceptable) 1417 WEST CENTRAL ST City LANTANA, FL Zip Code 33462
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: <u>Neal D Granick</u> <u>Neal D Granick</u> <u>3/10/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>		
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES
TITLE NAME STREET ADDRESS CITY - ST - ZIP PRESIDENT NEAL GRANICK 1417 W. CENTRAL ST LANTANA, FL 33462	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing 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 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: <u>Neal D Granick</u> <u>Neal D Granick</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date: <u>3/10/05</u> Daytime Phone #: <u>561-588-8967</u>

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