2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000009469

Entity Name: CONSUMER ADVOCATE GROUP, LLC

815 ORIENTA AVENUE, SUITE 3

City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Address:

FILED Aug 30, 2005 Secretary of State

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Current P	rincipal Place of Business:	New Principal P	New Principal Place of Business:	
	LHOUN STREET SSEE, FL 32301			
Current Mailing Address:		New Mailing Add	New Mailing Address:	
	LHOUN STREET SSEE, FL 32301			
	: FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the limited liabilit I Address of Current Registered Agen	y company did not receive the prior i		
TALLAHA: The above	OUGLAS LHOUN STREET SSEE, FL 32301 US named entity submits this statement for e of Florida.	the purpose of changing its regis	stered office or registered agent, or both	
SIGNATUI				
	Electronic Signature of Registered	I Agent	Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () Delete LYONS, DOUGLAS 325 N. CALHOUN STREET TALLAHASSEE, FL 32301	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete WOODRUFF, THOMAS 4055 CENTRAL AVENUE ST. PETERSBURG, FL 33713	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name:	MGRM () Delete BLAU. N. GORDON	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: DOUGLAS S. LYONS MGRM 08/30/2005