. 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

505/3390039/ 05-04-2005 90039 022 ****50.00 L04000010668

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DOCUMENT # L04000010668 1. Entity Name							FI	LEU			
VARN CONSULTING, L.L.C.						20		0 AM 9:45	ς.		
Principal Place of Business Mailing Address							ł				
7038 HANGING VINE WAY TALLAHASSEE FL 32317			1	P.O. BOX 15404 DIV.			LICH OF LLAHAS	CORPORATIO SEE, FLORIDA	NS A		
2. Principal Place of Business]3	. Mailing Address							
Suite, Apt. #, etc.			1	Suite, Apt. #, etc.		1st MOORE	CR2E	083 (10/04)			
City & State				City & State			4. FEI Num	ber		No	plied For t Applicable
Ζiρ	Country *			Zip Co				te of Status Desired	S5.00 Additional Fee Required		
	6. Name	and Address of Current	Reg	istered Agent	41	7. Name and Address of New Registered Agent Name					
BREWSTER, JAMES R 547 N. MONROE STREET, STE. 2 TALLAHASSEE FL 32301)3		Street Address (P.O. Box Number is Not Acceptable)					
IAL	LAHA35i	EE FL 32301			I				•		
						City			FL Zip Code		
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 priviled name of registered apent and little 4 applicable (NOTE Registered Apent signature required when reinstainty) OATE											
			FILE NO	FEE IS \$50.00							
			Make Check Payabl	orida Departmei ay 1, 2005	nt of State						
9.		MANAGING MEMBE	RS/	MANAGERS	10.			ADDITIONS	/CHANGE	ES	
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NAME STREET ADDRESS	VARN, SANDI A P.O. BOX 15404				NAM	EE I ADDRESS					
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11. I hereby certify that the information Stopplied 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 due and accurate end 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.											
CICNAT	F1 10 8	- Sandis	4	Van So	MDI	A. VaRN		4-29-05	5 8	350-39	1-0321
SIGNAI	SIGNATURE AND TYPED OR PRINTED MAKE OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE Day										