

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90149 023 \*\*\*\*50.00

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01122007 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L04000019029</b> 1. Entity Name KWU CONSULTING, L.L.C.					
Principal Place of Business 6035 SAN ELIJO P.O. BOX 2564 RANCHO SANTA FE, CA 92067			Mailing Address 6035 SAN ELIJO P.O. BOX 2564 RANCHO SANTA FE, CA 92067		
2. Principal Place of Business - No P.O. Box # <b>441 COLLINS AVE</b>		3. Mailing Address <b>441 COLLINS AVE</b>			
Suite, Apt. #, etc. <b>FONTAINEBLEAU II UNIT#3206</b>		Suite, Apt. #, etc. <b>FONTAINEBLEAU II UNIT#3206</b>			
City & State <b>MIAMI BEACH, FL</b>		City & State <b>MIAMI BEACH, FL</b>		4. FEI Number <b>NOT APPLICABLE</b>	
Zip <b>33140</b>	Country <b>USA</b>	Zip <b>33140</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>DE LEON, KIRK D</b> <b>44 WEST FLAGLER ST, STE 325</b> <b>MIAMI, FL 33130-6812</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR UBERTINO, KENNETH 6035 SAN ELIJO P.O. BOX 2564 RANCHO SANTA FE, CA 92067		TITLE NAME STREET ADDRESS CITY - ST - ZIP	441 COLLINS AVE FONTAINEBLEAU II UNIT#3206 MIAMI BEACH, FL 33140	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" 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 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 608, Florida Statutes.					
SIGNATURE: <u>Kenneth W. Ubertino</u> <b>KENNETH W. UBERTINO</b> 1-22-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

Date **786-897-2099**