

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

04-06-2005 90027 022 ****50.00

DOCUMENT # L04000019754 1. Entity Name FIRST FLORIDA CONSULTING GROUP LLC					
Principal Place of Business 1835 MAIN ST, STE 101 WESTON, FL 33326			Mailing Address 1835 MAIN ST, STE 101 WESTON, FL 33326		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03312005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 30-0891734				☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent URQUIOLA, JOAQUIN GOLDSTEIN SCHECHTER PRICE, ET AL 2121 PONCE DE LEON BLVD, STE 1100 CORAL GABLES, FL 33134	
7. Name and Address of New Registered Agent Name Giancarlo Cuffie Street Address (P.O. Box Number is Not Acceptable) 602 S.W. 15 ST City Ft Lauderdale FL Zip Code 33315				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 DATE _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)	
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	MGR CUFFIA, GIANCARLO 1835 MAIN ST, STE 101 WESTON, FL 33326 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: Date _____ Daytime Phone # _____ SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					