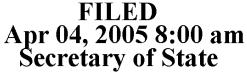
## **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

## DOCUMENT # L04000026911



TERRELL ADAMS MANAGEMENT CONSULTANT, LLC							04-04-2005 90	04-04-2005 90433 007 ****50.00			
Principal Place of Business 120 MAIN SAIL LANE PORT ST. JOE FL 32456				Mailing Address PO BOX 733 PORT ST. JOE FL 32457							
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			1st MOORE	CR2E0	83 (10/04)		
City & State				City & State			4. FEI Number 22-3899 792		<del></del>	oplied For ot Applicable	
Zip	,			Zip	Cou	ntry	5. Certificate of Status Desired		\$5.00 Add Fee Require		
Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
ADAMS, TERRELL H 120 MAIN SAIL LANE PORT ST. JOE FL 32456						Name Street Address (P.O. Box Number is Not Acceptable)					
_						City		Fi			
	named entity tions of regist		statement for	r the purpose of changin	g its registe	red office or regi	istered agent, or both, in the State of	Florida. Iam	ı familiar with,	and accept	
SIGNATURE .	Signature, typed	or printed name of re	egistered agent a	and title if applicable	(NOTE Register	ed Agent signature rec	tuited when reinstating)	DATE			
				FILE Make Check Pa	yable to F	FEE IS \$50.0 Iorida Departi lay 1, 2005	E. 2020201 - 100000				
9.	MANAGING MEMBERS/MANAGERS 1					• • • • • • • • • • • • • • • • • • • •	ADDITION	S/CHANGE	S	· · · · · · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS	MGRM ADAMS, TI PO BOX 7:			☐ Delete	TIT NA STI	1			☐ Change	Addition	
CITY-ST-ZIP PORT ST. JOE FL 32457					CIT	Y-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	NA Sti	LE . Me Reet address Y-ST-Zip			☐ Change	Addition	
TITLE NAME STREET ADDRESS				Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TIT NA NES	LE			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		<b>I</b>			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS				☐ Delete	. † †   AM   IT2				☐ Change	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.

NAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/1/05

Date

850-596-2158

Daytime Phone #