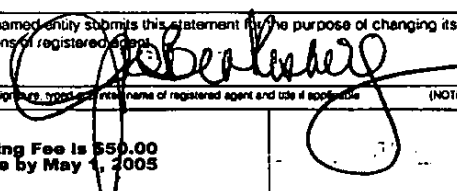


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

04-14-2005 90028 042 ****50.00

DOCUMENT # L04000028183			
1. Entity Name DWB CONSULTING SERVICES, LLC			
Principal Place of Business 4343 NW 95TH WAY SUNRISE, FL 33351		Mailing Address 4343 NW 95TH WAY SUNRISE, FL 33351	
2. Principal Place of Business		3. Mailing Address C/O BLAKESBERG & CO CPAS 951 SW 4th AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State BOCA RATON FL	
Zip	Country	Zip	Country
		33432	
6. Name and Address of Current Registered Agent GERMAN, MARIO D ESQ 100 E. SAMPLE ROAD STE. 320 POMPANO BEACH, FL 33064		7. Name and Address of New Registered Agent Name JON D BLAKESBERG Street Address (P.O. Box Number is Not Acceptable) 951 SW 4TH AVE City BOCA RATON, FL Zip Code 33432	
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 4/11/05	
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	MNGMEMBER BENJAMIN, DAVID 4343 NW 95TH WAY SUNRISE FL 33351 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER manager MCGREGOR, JANET 4343 NW 95th WAY SUNRISE, FL 33351 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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.			
SIGNATURE: 		Date 4/12-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

30005817



03072005 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-0992405** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required