FILED
May 26, 2005 8:00 am
Secretary of State

04-29-2005 90037 035 ****50.00

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2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000031214

1. Entity Name
INTERACTIVE CONSULTING, LLC

30007741

Principal Place of Business	Mailing Address
585 E. STATE ROAD ~~474~~, SUITE 200 LONGWOOD, FL 32750	585 E. STATE ROAD 474, SUITE 200 LONGWOOD, FL 32750

02092005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
585 E. State Road 434	PO Box 522015
Suite, Apt. #, etc.: Suite 200	Suite, Apt. #, etc.
City & State: Longwood, FL.	City & State: Longwood FL
Zip: 32750 Country	Zip: 32752 Country

4. FEI Number: 80-0086420 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CLARK, HUGH L JR. 585 E. STATE ROAD 474, SUITE 200 LONGWOOD, FL 32750	Name: Hugh L. Clark, Jr. Street Address (P.O. Box Number is Not Acceptable): 585 E State Road 434 Suite 200 City: Longwood FL FL Zip Code: 32750

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] 4/27/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	MGRM CLARK, HUGH L JR. 434 585 E. STATE ROAD ~~474~~, SUITE 200 LONGWOOD, FL 32750	☐ 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
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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: [signature] 4/27/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #