

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000042575

FILED
Jan 10, 2007
Secretary of State

Entity Name: PASTEUR SENIOR CONSULTING SERVICES LLC

Current Principal Place of Business:

174 WILLIS STREET
WESTMINSTER, MD 21157

New Principal Place of Business:

Current Mailing Address:

174 WILLIS STREET
WESTMINSTER, MD 21157

New Mailing Address:

FEI Number: 52-2246778

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RADFORD, AMANDA LANE
1080 SE 68TH AVENUE
OCALA, FL 34472 US

Name and Address of New Registered Agent:

LOTOW, DARREN
19804 NE 22ND LANE
HAWTHORNE, FL 32640 US

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.

SIGNATURE: DARREN LOTOW

01/10/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PASTEUR, GEORGE JR
Address: 174 WILLIS STREET
City-St-Zip: WESTMINSTER, MD 21157

Title: MGRM () Delete
Name: PASTEUR, KRISTINA B
Address: 174 WILLIS STREET
City-St-Zip: WESTMINSTER, MD 21157

Title: MGR () Delete
Name: LOTOW, DARREN
Address: 19804 NE 22ND LANE
City-St-Zip: HAWTHORNE, FL 32640

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KRISTINA B. PASTEUR

MGRM

01/10/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date