


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**


**DOCUMENT # L04000049480**

1. Entity Name  
**INTERNATIONAL CONSULTING & INVESTING LLC**



Principal Place of Business <b>1801 S. FEDERAL HWY          STE 300          DELRAY BEACH, FL 33483</b>	Mailing Address <b>1801 S. FEDERAL HWY          STE 300          DELRAY BEACH, FL 33483</b>
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**DO NOT WRITE IN THIS SPACE**



04272007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number 20-1328920	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**PARK, MICHAEL G ESQ.  
 1801 S. FEDERAL HWY  
 STE 300  
 DELRAY BEACH, FL 33483**

**DO NOT WRITE IN THIS SPACE**

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 title if applicable. (NOTE Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2007**

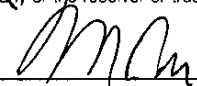
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM GOLDSTEIN, JON 1801 S. FEDERAL HWY STE 300 DELRAY BEACH, FL 33483
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **Michael G. Park, Esq.**      4/27/07      561-484-7404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #