

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 05, 2005 8:00 am**  
**Secretary of State**

08-05-2005 90034 003 \*\*\*\*50.00

**DOCUMENT # L04000053989**

1. Entity Name  
**TOTH CONSULTING GROUP, LLC**



Principal Place of Business  
**58 PLAYERS CLUB VILLA  
PONTE VEDRA BEACH, FL 32082**

Mailing Address  
**58 PLAYERS CLUB VILLA  
PONTE VEDRA BEACH, FL 32082**

**20066248**

2. Principal Place of Business  
**832 TEMPLETON LANE**  
Suite, Apt. #, etc.

3. Mailing Address  
**832 TEMPLETON LANE**  
Suite, Apt. #, etc.

City & State  
**ST. AUGUSTINE FL**  
Zip Country  
**32095 USA**

City & State  
**ST. AUGUSTINE FL**  
Zip Country  
**32095 USA**

08022005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**55-0876936**  
Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**TOTH, JOHN J  
58 PLAYERS CLUB VILLA  
PONTE VEDRA BEACH, FL 32082**

**7. Name and Address of New Registered Agent**

Name  
**TOTH, JOHN J.**  
Street Address (P.O. Box Number is Not Acceptable)  
**832 TEMPLETON LANE**  
City  
**ST. AUGUSTINE FL** Zip Code  
**32095**

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 **2 AUGUST 2005**  
Signature of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by September 7, 2005**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
TOTH, JOHN J  
58 PLAYERS CLUB VILLA  
PONTE VEDRA BEACH, FL 32082** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
TOTH, JOHN J.  
832 TEMPLETON LANE  
ST. AUGUSTINE FL 32095** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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☐ 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:** **JOHN J. TOTH** **2 AUGUST 2005** (904) 429-7000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #