

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000059747

FILED
Apr 27, 2007
Secretary of State

Entity Name: DRIVE CONSULTING LLC

Current Principal Place of Business:

208 N UNIVERSITY DRIVE
PEMBROKE PINES, FL 33024

New Principal Place of Business:

10796 PINES BLVD
SUITE 204
PEMBROKE PINES, FL 33026 US

Current Mailing Address:

208 N UNIVERSITY DRIVE
PEMBROKE PINES, FL 33024

New Mailing Address:

10796 PINES BLVD
SUITE 204
PEMBROKE PINES, FL 33026 US

FEI Number: 11-3731649

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOYAL, PATRICK
208 N UNIVERSITY DRIVE
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

MOYAL, PATRICK
10796 PINES BLVD
SUITE 204
PEMBROKE PINES, FL 33026 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: PATRICK MOYAL

04/27/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COFFINET, CHRISTIAN [
Address: 6 RUE DES COLONNES
City-St-Zip: PARIS, FR 75002

Title: MGRM () Delete
Name: COFFINET, GALINA N
Address: 6 RUE DES COLONNES
City-St-Zip: PARIS, FR 75002

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: COFFINET, CHRISTIAN [
Address: 6 RUE DES COLONNES
City-St-Zip: PARIS, FR 75002 US

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

I hereby certify that the information supplied with this filing does not qualify 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: CHRISTIAN COFFINET

MGRM

04/27/2007

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