2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 10, 2005 8:00 am Secretary of State

1. Ently Name EXPEDIENT CONSULTING SERVICES, L.L.C. Principal Place of Business Mailing Address S01 46TH ST	DOCL				T SACRATARY AT STATA
SOI 46TH ST WEST PALM BEACH, FL 33407 2. Principal Place of Business Suite. Apt. 4. etc. Suite. Apt. 4. etc. Suite. Apt. 4. etc. City & State City & S	1. Entity Nan	ne		B	Secretary of State 03-10-2005 90035 019 ****50.00
Suite, Apt. 6, etc. Cry & State Cry & State Cuty & State Country Country S. Certificate of Status Desired S. S. OR Applicable S	501 46TH S	т	501 46TH ST	33407) INCOLUNI EN SOUI GINN SOUN BRIN BRIN BRIN BRIN BRIN BRIN BRIN BRI
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Zip Country Zip Country	Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		02272005 Chg-LLC CR2E083 (10/03)
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)		te	City & State		
SCHROEDER, JILL 501 46TH ST WEST PALM BEACH, FL 33407 City FL Zip Cords	Zip			Country	Fee Required
SCHROEDER, JILL Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			Registered Agent		7. Name and Address of New Registered Agent
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. Significant, typed or printed remain of registered agent and the if applicable. Philing Foe is \$50.00 Due by May 1, 2005 Malke check payable to Florida Department of State Philing Foe is \$50.00 North Malke check payable to Florida Department of State Philing Foe is \$50.00 North Malke check payable to Florida Department of State North Market Shert Agents Shert Agent Shart Agent Shert Agent Shert Agent Shert Agent Shart Agent Shert Agen	501 46TH	DÈR, JILL ST	eren eren eren eren eren eren eren eren		s (P.O. Box Number is Not Acceptable)
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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: ACCUMULATION JILL SCHROEDER 3/6/05 (56)881-9661
SIGNATURE AND TYPED OR PRINTED MANE OF SKANING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date/
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