

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000060081

**FILED**  
**Apr 28, 2006**  
**Secretary of State**

**Entity Name:** EPSILON CONSULTING, L.L.C.

**Current Principal Place of Business:**

280 RIDGEWOOD ROAD  
KEY BISCAYNE, FL 33149

**New Principal Place of Business:**

901 BRICKELL KEY BOULEVARD  
1506  
MIAMI, FL 33131

**Current Mailing Address:**

280 RIDGEWOOD ROAD  
KEY BISCAYNE, FL 33149

**New Mailing Address:**

901 BRICKELL KEY BOULEVARD  
1506  
MIAMI, FL 33131

**FEI Number:** 20-1487486

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LANZA, LISA  
260 CRANDON BLVD., SUITE 48  
KEY BISCAYNE, FL 33149 US

**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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** COBREVA MAVIN, HUMBERTO  
**Address:** 280 RIDGEWOOD ROAD  
**City-St-Zip:** KEY BISCAYNE, FL 33149

**ADDITIONS/CHANGES:**

**Title:** MGR (X) Change ( ) Addition  
**Name:** CABRERA MARIN, HUMBERTO  
**Address:** 901 BRICKELL KEY BOULEVARD, APT 1506  
**City-St-Zip:** MIAMI, FL 33131

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:** CABRERA MARIN HUMBERTO

MGR

04/28/2006

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