

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000066343

FILED
Apr 30, 2005
Secretary of State

Entity Name: BATTAGLIA CONSULTING, LLC

Current Principal Place of Business:

1225 ROSEDALE RD.
VENICE, FL 34293

New Principal Place of Business:

325 LAUREL ROAD EAST
NOKOMIS, FL 34275

Current Mailing Address:

1225 ROSEDALE RD.
VENICE, FL 34293

New Mailing Address:

325 LAUREL ROAD EAST
NOKOMIS, FL 34275

FEI Number: 20-1580920

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BATTAGLIA, DOUGLAS
1225 ROSEDALE RD.
VENICE, FL 34293 US

Name and Address of New Registered Agent:

BATTAGLIA, DOUGLAS S
1225 ROSEDALE RD.
VENICE, FL 34293 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: DOUGLAS S. BATTAGLIA

04/30/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BATTAGLIA, DOUGLAS
Address: 1225 ROSEDALE RD.
City-St-Zip: VENICE, FL 34293

Title: MGRM () Delete
Name: BATTAGLIA, KARI
Address: 1225 ROSEDALE RD.
City-St-Zip: VENICE, FL 34293

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BATTAGLIA, DOUGLAS S
Address: 1225 ROSEDALE ROAD
City-St-Zip: VENICE, FL 34293

Title: MGRM (X) Change () Addition
Name: BATTAGLIA, KARI A
Address: 1225 ROSEDALE ROAD
City-St-Zip: VENICE, FL 34293

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DOUGLAS S. BATTAGLIA

MGMR

04/30/2005

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