


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90034 013 \*\*\*\*50.00

|   |  |   |
|---|--|---|
| DOCUMENT # L04000066744                     |  |  |
| 1. Entity Name<br>BUSINESS CONSULTANTS, LLC |  |   |

|   |   |
|---|---|
| Principal Place of Business<br>35212 US HWY 19 N<br>PALM HARBOR, FL 34684 | Mailing Address<br>35212 US HWY 19 N<br>PALM HARBOR, FL 34684 |
|---|---|

|   |   |
|---|---|
| 2. Principal Place of Business<br>28870 US Hwy 19 N.<br>Suite, Apt. #, etc. | 3. Mailing Address<br>28870 US Hwy 19 N.<br>Suite, Apt. #, etc. |
|---|---|

|                                |                                |
|--------------------------------|--------------------------------|
| City & State<br>Clearwater, FL | City & State<br>Clearwater, FL |
| Zip<br>33761                   | Zip<br>33761                   |
| Country<br>USA                 | Country<br>USA                 |

03292006 Chg-LLC CR2E083 (11/05)

|                             |  |
|-----------------------------|--|
| 4. FEI Number<br>20-1599946 | Applied For<br><input type="checkbox"/> Not Applicable |
|-----------------------------|--|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|--------------------------------|

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><br>SHEILA J PRIEST, EA, LLC<br>1000 OMAHA STREET<br>PALM HARBOR, FL 34683 |  |
|---|--|

|  |          |
|--|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name   |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City   |          |
| FL   | Zip Code |

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 | (NOTE: Registered Agent signature required when reinstating) | DATE |
|-----------|--|------|

|   |  |
|---|--|
| Filing Fee is \$50.00<br>Due by May 1, 2006 | Make check payable to<br>Florida Department of State |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS                   |  | 10. ADDITIONS/CHANGES                          |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>SMIRLIS, MARGUERITE<br>2375 FOX CHASE BLVD #237<br>PALM HARBOR, FL 34683 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>PRESTIGIACOMO, BRENDA<br>61 TURNSTONE DRIVE<br>SAFETY HARBOR, FL 33625 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 |  | Date | 4-28-06 | Daytime Phone # | 727-787-3800 |
|-----------|---|------|---------|-----------------|--------------|