


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 24, 2007 8:00 am**  
**Secretary of State**

01-24-2007 90051 038 \*\*\*\*50.00

<b>DOCUMENT # L04000073669</b>	
1. Entity Name <b>CONSULTATIVE MANAGEMENT SERVICES LLC</b>	

00005537



01162007 Chg-LLC CR2E083 (12/06)

Principal Place of Business <b>5880 SW 74 TERRACE 5F MIAMI, FL 33143</b>		Mailing Address <b>PO BOX 160745 MIAMI, FL 33116</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc. <i>Same as above</i>		Suite, Apt. #, etc. <i>Same as above</i>	
City & State <i>Ado 12</i>		City & State <i>Ado 12</i>	
Zip	Country	Zip	Country

4. FEI Number <b>20-1782562</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>ZABIHI, KAMRAN 5880 SW 74 TERRACE 5F MIAMI, FL 33143</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>N/A</i> City <i>FL</i> Zip Code	
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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 *N/A* (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MG ZABIHI, KAMRAN 5880 SW 74 TERRACE 5F MIAMI, FL 33143</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>N/A</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>N/A</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>N/A</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>N/A</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>N/A</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>N/A</i> <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: *Kamran Zabihi*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*1/24/07* *786-942-2960*  
Date Daytime Phone #