2006 LIMITED LIABILITY COMPANY

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,	ANNUAL	REPORT		Apri	14, 2006 08:00	
DOCUMENT # L04000084918 1. Entity Name FALLS RIDGE CONSULTING, LLC		918		Secretary of Stat		
21351 FALL	ce of Business LS RIDGE WAY N, FL 33428	Mailing Address 21351 FALLS RIDGE WAY BOCA RATON, FL 33428				
C	OO NOT WRITE			03172006No Chg-LLC 4. FEI Number 52-2448323 5. Certificate of Status Desired	CR2E083 (11/05) Applied For Not Applicable \$5.00 Additional Fee Required	
	6. Name and Address of Current F CORP. IILITARY TRAIL, STE. 200 TON, FL 33431	legistered Agent		DO NOT W		
	e named entity submits this statement for tions of registered agent.	the purpose of changing its register	red office or registered	d agent, or both, in the State of F	lorida. I am familiar with, and accept	
			ed Agent signature required wi	ותתמו	07509415 0-60044-007,50,,00	
9. TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP	MANAGING MEMBER MGRM GRUNOT, BRUCE S 21351 FALLS RIDGE WAY BOCA RATON, FL 33428 MGRM GRUNOT, ANDREA L 21351 FALLS RIDGE WAY BOCA RATON, FL 33428	AS/MANAGERS	-			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT W		

11. I hereby certify that the information supplied with this filling 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.

URE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE SIGNATURE:

HILE

STREET ADDRESS CITY-ST-ZIP THILE NAME STREET ADDRESS CITY-ST-ZIP