

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000087997

Entity Name: A.V. CONSULTING, L.L.C.

FILED
Aug 15, 2007
Secretary of State

Current Principal Place of Business:

% VICTOR HODOUL
59 BENJUELA BEACH, MARINE DR. BIG BAY 7441
CAPE TOWN SOUTH AFRICA,

Current Mailing Address:

% VICTOR HODOUL
59 BENJUELA BEACH, MARINE DR. BIG BAY 7441
CAPE TOWN SOUTH AFRICA,

New Principal Place of Business:

% VICTOR HODOUL
59 BENGUELA BEACH, MARINE DR. BIG BAY 7441
CAPE TOWN SOUTH AFRICA, WP 7448 SA

New Mailing Address:

% VICTOR HODOUL
59 BENGUELA BEACH, MARINE DR. BIG BAY 7441
CAPE TOWN SOUTH AFRICA, WP 7448 SA

FEI Number: 83-0415983 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SERFATY, CHARLES S ESQ.
4340 SHERIDAN STREET, SECOND FLOOR
HOLLYWOOD, FL 33021 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: HODOUL, VICTOR D
Address: 19554 E COUNTRY CLUB DRIVE
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: VICTOR HODOUL

MR

08/15/2007

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