

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000092836

FILED  
Sep 07, 2005  
Secretary of State

Entity Name: BOBBALOU CONSULTING, LLC

**Current Principal Place of Business:**

4690 SW HAMMOCK CREEK DRIVE  
PALM CITY, FL 34990

**New Principal Place of Business:**

**Current Mailing Address:**

4690 SW HAMMOCK CREEK DRIVE  
PALM CITY, FL 34990

**New Mailing Address:**

FEI Number: 20-2043498      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:**

WICKHAM, DON  
4690 SW HAMMOCK CREEK DRIVE  
PALM CITY, FL 34990      US

**Name and Address of New Registered Agent:**

WICKHAM, D. TRUSTEE  
4690 SW HAMMOCK CREEK DRIVE  
PALM CITY, FL 34990      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: D WICKHAM, TRUSTEE

09/07/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: WICKHAM, DON TRUSTEE  
Address: 4690 HAMMOCK CREEK DRIVE  
City-St-Zip: PALM CITY, FL 34990

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: WICKHAM, D TRUSTEE  
Address: 4690 HAMMOCK CREEK DRIVE  
City-St-Zip: PALM CITY, FL 34990

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: D WICKHAM, TRUSTEE

MGR

09/07/2005

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