

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000003958

FILED
Mar 30, 2008
Secretary of State

Entity Name: DELTA BUSINESS CONSULTANTS LLC

Current Principal Place of Business:

5761 TRUMPET ST.
NORTH PORT, FL 34286

New Principal Place of Business:

5072 PALENA BLVD.
NORTH PORT, FL 34287

Current Mailing Address:

5761 TRUMPET ST.
NORTH PORT, FL 34286

New Mailing Address:

5072 PALENA BLVD.
NORTH PORT, FL 34287

FEI Number: 34-2031511

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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: ANDERSON, ROGER W
Address: 5761 TRUMPET ST.
City-St-Zip: NORTH PORT, FL 34286

Title: MGR () Delete
Name: ANDERSON, KARIN M
Address: 5761 TRUMPET ST.
City-St-Zip: NORTH PORT, FL 34286

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ANDERSON, ROGER W
Address: 5072 PALENA BLVD..
City-St-Zip: NORTH PORT, FL 34287

Title: MGR (X) Change () Addition
Name: ANDERSON, KARIN M
Address: 5072 PALENA BLVD.
City-St-Zip: NORTH PORT, FL 34287

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: ROGER W ANDERSON

MGR

03/30/2008

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