

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000020311

FILED
May 09, 2006
Secretary of State

Entity Name: LEWALT CONSULTING GROUPE, LLC

Current Principal Place of Business:

1015 DARTMOOR ST. N.
ST. PETERSBURG, FL 33701

New Principal Place of Business:

9600 KOGER BLVD.
SUITE 221
ST. PETERSBURG, FL 33702

Current Mailing Address:

1015 DARTMOOR ST. N.
ST. PETERSBURG, FL 33701

New Mailing Address:

FEI Number: 20-2438587 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:

Name and Address of New Registered Agent:

WALTERS, JOHN E
471 10TH AVE N
ST. PETERSBURG, FL 33701 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WALTERS, JOHN E
Address: 471 10TH AVE N
City-St-Zip: ST. PETERSBURG, FL 33701

Title: MGR () Delete
Name: WALTERS, CAROLINE J
Address: 471 10TH AVE N
City-St-Zip: ST. PETERSBURG, FL 33701

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN E. WALTERS

MGRM

05/09/2006

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