

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000020367

FILED
Apr 13, 2006
Secretary of State

Entity Name: THE GERMAN CONSULTING GROUP LLC

Current Principal Place of Business:

2333 BRICKELL AVENUE, #1925
MIAMI, FL 33129

New Principal Place of Business:

2333 BRICKELL AVENUE, #1915
MIAMI, FL 33129

Current Mailing Address:

2333 BRICKELL AVENUE, #1925
MIAMI, FL 33129

New Mailing Address:

2333 BRICKELL AVENUE, #1915
MIAMI, FL 33129

FEI Number: 20-2422525

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEUSS, KATRIN M
2333 BRICKELL AVENUE, #1925
MIAMI, FL 33129 US

Name and Address of New Registered Agent:

SEUSS, KATRIN M
2333 BRICKELL AVENUE, #1915
MIAMI, FL 33129 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: KATRIN SEUSS

04/13/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SEUSS, KATRIN M
Address: 2333 BRICKELL AVENUE, #1925
City-St-Zip: MIAMI, FL 33129

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SEUSS, KATRIN M
Address: 2333 BRICKELL AVENUE, #1915
City-St-Zip: MIAMI, FL 33129

Title: MGR () Change (X) Addition
Name: STEFAN, SEUSS R
Address: 2333 BRICKELL AVENUE, #1915
City-St-Zip: MIAMI, FL 33129

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: KATRIN SEUSS

MGR

04/13/2006

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