


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000034369 1. Entity Name F & B CONSULTING, LLC	
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Principal Place of Business 200 DIVISION STREET CLERMONT FL 34711	Mailing Address 200 DIVISION STREET CLERMONT FL 34711
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	4. FEI Number 55-0896897	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
City & State	City & State	6. Name and Address of Current Registered Agent	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/06)

6. Name and Address of Current Registered Agent MOORE, MICHAEL L ESQ 640 NORTH HILLSIDE AVENUE ORLANDO FL 32803	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	U00000630748 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLL, ANDRES	NAME	02/20/07-80020-009 50.00
STREET ADDRESS	200 DIVISION STREET	STREET ADDRESS	
CITY- ST- ZIP	CLERMONT FL 34711	CITY- ST- ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLL, ANDRES JR	NAME	
STREET ADDRESS	650 SERGIO CUEVAS BUSTAMANTE ST., APT. 101	STREET ADDRESS	
CITY- ST- ZIP	SAN JAUN, PR 00918-3809	CITY- ST- ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLL, AXEL	NAME	
STREET ADDRESS	K 20 EPHEBUS ST, PARQUE DE FLAMINGO	STREET ADDRESS	
CITY- ST- ZIP	BAYAMON, PR 00959-4877	CITY- ST- ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLL, AGNES	NAME	
STREET ADDRESS	APT 3131, CONDOMINIUM CHALET DE BAYAMON	STREET ADDRESS	
CITY- ST- ZIP	BAYAMON, PUERTO RICO 00961	CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Andrés Coll Date: 2/07/07 Daytime Phone #: 352-978-7922

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE