2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000046056

1. Entity Name
GORDON M. DOUGLAS CONSULTING, LLC

Principal Place of Business	Mailing Address
239 E. VIRGINIA ST. TALLAHASSEE, FL 32301-1263	239 E. VIRGINIA ST. TALLAHASSEE, FL 32301-1263

DO NOT WRITE IN THIS SPACE

06222007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
43-2081545	Not Applicable
5. Certificate of Status Desired ☐	**$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. **Name and Address of Current Registered Agent**

DOUGLAS, GORDON M
239 E. VIRGINIA ST.
TALLAHASSEE, FL 32301-1263

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_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by September 14, 2007

U00000773496
09/06/07-80006-018 50.00

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DOUGLAS, GORDON M
STREET ADDRESS	239 E. VIRGINIA ST.
CITY-ST-ZIP	TALLAHASSEE, FL 323011263

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____   9/3/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #