

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000059673

FILED
Jan 05, 2007
Secretary of State

Entity Name: UDICK CONSULTING GROUP, LLC

Current Principal Place of Business:

318 INDIAN TRACE #179
WESTON, FL 33326 US

New Principal Place of Business:

1105 PELICAN LANE
HOLLYWOOD, FL 33019 US

Current Mailing Address:

834 HERON RD.
WESTON, FL 33326 US

New Mailing Address:

1105 PELICAN LANE
HOLLYWOOD, FL 33019 US

FEI Number: 03-0565465

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UDICK, JOHN A
834 HERON RD.
WESTON, FL 33326 US

Name and Address of New Registered Agent:

UDICK, JOHN A
1105 PELICAN LANE
HOLLYWOOD, FL 33019 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: JOHN A. UDICK

01/05/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: UDICK, JOHN A
Address: 834 HERON RD.
City-St-Zip: WESTON, FL 33326 US

Title: MGRM () Delete
Name: UDICK, LELIA M
Address: 834 HERON RD.
City-St-Zip: WESTON, FL 33326 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: UDICK, JOHN A
Address: 1105 PELICAN LANE
City-St-Zip: HOLLYWOOD, FL 33019 US

Title: MGRM (X) Change () Addition
Name: UDICK, LELIA M
Address: 1105 PELICAN LANE
City-St-Zip: HOLLYWOOD, FL 33019 US

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 A. UDICK

MGR

01/05/2007

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