


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
2006 MAR -7 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000061292	
1. Entity Name B & P CONSULTING LLC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 225 23rd Avenue	3. Mailing Address same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Vero Beach, Florida	City & State
Zip 32962	Country United States

BK

DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1932275	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Spiegel & Utrera, P.A.
Street Address (P.O. Box Number is Not Acceptable)
1840 Coral Way, 4th Floor
City Miami
FL Zip Code 33145

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 Natalia Utrera, Vice President DATE _____

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Phyllis Humphries 225 23rd Avenue Vero Beach, Florida 32962	TITLE NAME STREET ADDRESS CITY - ST - ZIP	900068105369 03/20/06--01020--001 **50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Ben L. Humphries 225 23rd Avenue Vero Beach, Florida 32962	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Phyllis Humphries Phyllis Humphries, Manager 3-4-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E0838 (12/02)