


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Apr 16, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000069324
 1. Entity Name
 INTERNATIONAL PRAETORIAN CONSULTANTS LLC



Principal Place of Business: 17001 N.E. 9TH AVE., SUITE 14-C, NORTH MIAMI, FL 33162
 Mailing Address: PO BOX 546313, SURFSIDE, FL 33154

DO NOT WRITE IN THIS SPACE



04122008 No Chg-LLC CR2E083 (12/07)

| | |
|---|---------------------------------------|
| 4. FEI Number 20-3189979 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent
 HANSACK, BETTY B
 17001 N.E. 9TH AVE., SUITE 14-C
 NORTH MIAMI, FL 33162

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000901101
 04/29/08-80055-021 138.75

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR HANSACK, BETTY B 17001 N.E. 9TH AVE., SUITE 14-C NORTH MIAMI, FL 33162 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR VIDAL, VERUSCHKA 17001 N.E. 9TH AVE., SUITE 14-C NORTH MIAMI, FL 33162 |
| 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: *Betty Hansack* 4/12/08 305-244-4690.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #