
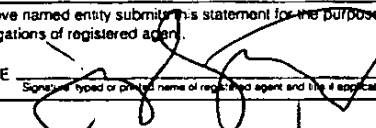
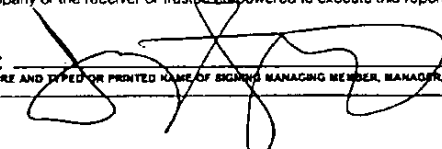


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

7/ **FILED**  
**Jul 31, 2006 8:00 am**  
**Secretary of State**

07-18-2006 90006 020 \*\*\*\*50.00

<b>DOCUMENT # L05000074208</b> 1. Entity Name <b>STEPONGZI CONSULTING LLC</b>					
Principal Place of Business <b>10212 CHARLESTON CORNER RD. TAMPA, FL 33635</b>			Mailing Address <b>10212 CHARLESTON CORNER RD. TAMPA, FL 33635</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>20-7796548</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>STEPONGZI, JOSEPH 10212 CHARLESTON CORNER RD. TAMPA, FL 33635</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)</small>					
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM STEPONGZI, JOSEPH 10212 CHARLESTON CORNER RD. TAMPA, FL 33635	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

**30012396**



07072006 Chg-LLC CR2E083 (11/05)

ATTACHMENT  
36012396  
Division of Corporations

www.sunbiz.org

## 2006 Annual Report

Listed below is the most recent information reported for the entity.  
Please review and click the appropriate button at the bottom to generate the  
annual report form.

This information cannot be changed on the report.	
Document Number	L05000074208
Business Entity Name	STEPONGZI CONSULTING LLC
Original File Date	07/25/2005

FEI Number

Principal Address 10212 CHARLESTON CORNER RD.  
TAMPA, FL 33635

Mailing Address 10212 CHARLESTON CORNER RD.  
TAMPA, FL 33635

Registered Agent JOSEPH STEPONGZI  
10212 CHARLESTON CORNER RD.  
TAMPA, FL 33635

Managing Member/Manager Name And Address

MGRM  
JOSEPH STEPONGZI  
10212 CHARLESTON CORNER RD.  
TAMPA, FL 33635

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