

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000082943

**FILED**  
**Apr 18, 2006**  
**Secretary of State**

**Entity Name:** MISTER CONSULTING, LLC

**Current Principal Place of Business:**

2800 PONCE DE LEON BLVD.  
SUITE 1160  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

10 NW LEJEUNE ROAD  
SUITE 400  
MIAMI, FL 33126

**Current Mailing Address:**

2800 PONCE DE LEON BLVD.  
SUITE 1160  
CORAL GABLES, FL 33134

**New Mailing Address:**

10 NW LEJEUNE ROAD  
SUITE 400  
MIAMI, FL 33126

**FEI Number:** 76-0803527

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARTIN, ALONSO  
2800 PONCE DE LEON BLVD.  
SUITE 1160  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

ISIS VALLE, P.A.  
10 NW LEJEUNE ROAD  
SUITE 400  
MIAMI, FL 33126 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: ISIS VALLE

04/18/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MARTINEZ, CARLOS A  
Address: 16790 NW 83 PLACE  
City-St-Zip: MIAMI LAKES, FL 33016

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CARLOS A. MARTINEZ

MGMR

04/18/2006

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