

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000083831

FILED
Apr 21, 2009
Secretary of State

Entity Name: INTERMEDIARY CONSULTANTS GROUP LLC

Current Principal Place of Business:

1551 N FLAGLER DR 1116
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

3800 NORTH OCEAN DRIVE
APT. 1050
SINGER ISLAND, FL 33404 US

Current Mailing Address:

1551 N FLAGLER DR 1116
WEST PALM BEACH, FL 33401 US

New Mailing Address:

3800 NORTH OCEAN DRIVE
APT. 1050
SINGER ISLAND, FL 33404 US

FEI Number: 76-0799753

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CECCHINI, WALTER R JR.
1551 N FLAGLER DR 1116
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

CECCHINI, WALTER R JR.
3800 NORTH OCEAN DRIVE
APT. 1050
SINGER ISLAND, FL 33404 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: WALTER R. CECCHINI JR.

04/21/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CECCHINI, WALTER R JR.
Address: 1551 N FLAGLER DR 1116
City-St-Zip: WEST PALM BEACH, FL 33401 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CECCHINI, WALTER R JR.
Address: 3800 NORTH OCEAN DRIVE, APT. 1050
City-St-Zip: SINGER ISLAND, FL 33404 US

I hereby certify that the information supplied with this filing does not qualify 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: WALTER R. CECCHINI JR.

MGRM

04/21/2009

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