


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90042 007 ****50.00

DOCUMENT # L05000084394	
1. Entity Name CONSORTIUM OF INVESTORS, LLC	

Principal Place of Business 507 WEST DR. MARTIN LUTHER KING, JR BLVD. PLANT CITY, FL 33563	Mailing Address 507 WEST DR. MARTIN LUTHER KING, JR BLVD. PLANT CITY, FL 33563
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2. Principal Place of Business 1501 S. Alexander St. Suite, Apt. #, etc. Suite 101 City & State Plant City, FL Zip 33563	3. Mailing Address P.O. Box 3566 Suite, Apt. #, etc. City & State Plant City, FL Zip 33563
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04182006 Chg-LLC CR2E083 (11/05)

4. FEI Number 16-1736323		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent MCGRATH, LOUIS W 507 WEST DR. MARTIN LUTHER KING, JR BLVD. PLANT CITY, FL 33563 1501 S. Alexander St.		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCGRATH, LOUIS W 507 WEST DR. MARTIN LUTHER KING, JR BLVD. PLANT CITY, FL 33563 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1501 S. Alexander St., Suite 101 Plant City, FL 33563 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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.

SIGNATURE:

Jane C. M...

4-18-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #