2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000094051

1. Entity Name

CIRCLE CHANGE CONSULTING, L.L.C.



FILED Apr 20, 2007 08:00 AM Secretary of State

Principal Place of Business

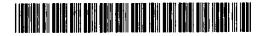
P. O. BOX 915582

LONGWOOD, FL 32791-5582 US

Mailing Address

P. O. BOX 915582

LONGWOOD, FL 32791-5582 US



DO NOT WRITE IN THIS SPACE

04162007 No Chg-LLC CR2E

CR2E083 (11/05)

4. FEI Number 20-3532021

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

LEFKOWITZ, IVAN M 430 N MILLS AVE ORLANDO, FL 32803

DO NOT WRITE IN THIS SPACE

8.	I. 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. the obligations of registered agent.	I am familiar with, and accept
_	NOWATION	

(NOTE_Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007

U00000719347 05/01/07-80061-011 50.00

DATE

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	SILER, LEE A
STREET ADDRESS	627 ESTATES PLACE
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-SI-ZIP	
шк	
NAME	
STREET ADDRESS	ŧ .
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 accorrate 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBEL, OR AUTHORIZED RE

4-15-07

(407) 830-7875

Daytime Phone #