

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000095390

FILED
May 01, 2008
Secretary of State

Entity Name: CONSORTIUM OF CAPITAL INVESTORS, LLC

Current Principal Place of Business:

1824 SPARROW SONG LANE
OCOE, FL 34761

New Principal Place of Business:

Current Mailing Address:

1824 SPARROW SONG LANE
OCOE, FL 34761

New Mailing Address:

FEI Number: 20-3546709 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

TORRES, DAVID
806 SKY LAKE CIR
APT C
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

KEVIN, CARTER G
1824 SPARROW SONG LANE
OCOE, FL 34761 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: KEVIN G. CARTER

05/01/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TORRES, DAVID
Address: 806 SKY LAKE CIR APT C
City-St-Zip: ORLANDO, FL 32809

Title: MGR (X) Delete
Name: CARTER, KEVIN G
Address: 1824 SPARROW SONG LANE
City-St-Zip: OCOE, FL 34761

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CARTER, KEVIN G
Address: 1824 SPARROW SONG LANE
City-St-Zip: OCOE, FL 34761

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

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: KEVIN G. CARTER

MGR

05/01/2008

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