2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2007
Secretary of State

DOCUMENT# L05000097044

Entity Name: HOFFMANN CONSULTING SERVICES, LLC

Current Principal Place of Business:

3440 GULF OF MEXICO DRIVE
#12
LONGBOAT KEY, FL 34228

New Principal Place of Business:

Current Mailing Address:

3440 GULF OF MEXICO DRIVE
#12
LONGBOAT KEY, FL 34228

New Mailing Address:

FEI Number: 20-3563374   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

MYERS, TROY H JR.
2033 MAIN ST.
SUITE 600
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

HOFFMANN, GREGORY D
3440 GULF OF MEXICO DRIVE
#12
LONGBOAT KEY, FL 34228 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: GREGORY D HOFFMANN   04/20/2007

Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS:

Title: MGR   ( ) Delete
Name: SUSANNE, HOFFMANN B
Address: 3440 GULF OF MEXICO DR. #12
City-St-Zip: LONGBOAT KEY, FL 34228

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM   (X) Change ( ) Addition
Name: SUSANNE, HOFFMANN B
Address: 3440 GULF OF MEXICO DR. #12
City-St-Zip: LONGBOAT KEY, FL 34228 US

Title: MGRM   ( ) Change (X) Addition
Name: HOFFMANN, GREGORY D
Address: 3440 GULF OF MEXICO DRIVE #12
City-St-Zip: LONGBOAT KEY, FL 34228 US

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: GREGORY D HOFFMANN   MGRM   04/20/2007

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