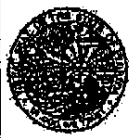


Apr. 29. 2008 1:50PM

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90017 043 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000102221			
1. Entity Name STEYN CONSULTING, LLC			
Principal Place of Business 11402 BUCKLEY WOOD COURT WINDEMERE, FL 34786		Mailing Address 28 BRACKEN HILL RD HAMBURG, NJ 07419	
2. Principal Place of Business - No P.O. Box # <i>Same</i>		3. Mailing Address <i>11402 Buckley Wood Ct</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Windemere FL</i>	
Zip	Country	Zip	Country
		<i>34786</i>	<i>USA</i>
4. FEI Number 20-3641321		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent INCORPORATE USA, INC. 3150 SANDY RIDGE DR CLEARWATER, FL 33761		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 <i>Cristin Steyn</i> (NOTE: Registered Agent signature required when reappointing) DATE <i>4/28/08</i>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEYN, CRISTIN M 28 BRACKEN HILL RD HAMBURG, NJ 07419 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Steyn, Cristin 11402 Buckley Wood Ct Windemere FL 34786 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 606, Florida Statutes. SIGNATURE: <i>Cristin Steyn</i> DATE <i>4/28/08</i> DAYTIME PHONE # <i>407 803 2117</i>			