2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2010
Secretary of State

DOCUMENT# L05000122733

Entity Name: TRACY DOWNING CONSULTING, LLC

Current Principal Place of Business:

8672 ROSE WAY
SEMINOLE, FL 33772

New Principal Place of Business:

2121 NORTH BAYSHORE DR.
SUITE 910
MIAMI, FL 33137

Current Mailing Address:

8672 ROSE WAY
SEMINOLE, FL 33772

New Mailing Address:

1919 SKYCREST DR.
SUITE 3
WALNUT CREEK, CA 94595

FEI Number: 02-0762866 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOWNING, TRACY L
8672 ROSE WAY
SEMINOLE, FL 33772 US

Name and Address of New Registered Agent:

WATKINS, VALERIE
2121 NORTH BAYSHORE DR.
MIAMI, FL 33137 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: VALERIE WATKINS 03/10/2010
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: DOWNING, TRACY L
Address: 1910 SKYCREST DR. #3
City-St-Zip: WALNUT CREEK, CA 94595

Title: MGR
Name: DOWNING, TRACY T
Address: 1910 SKYCREST DR. #3
City-St-Zip: WALNUT CREEK, CA 94595

Title: MGR
Name: DOWNING, TRACY T
Address: 1910 SKYCREST DR. #3
City-St-Zip: WALNUT CREEK, CA 94595

Title: MGR
Name: DOWNING, TRACY T
Address: 1910 SKYCREST DR. #3
City-St-Zip: WALNUT CREEK, CA 94595

Title: MGR
Name: DOWNING, TRACY T
Address: 1910 SKYCREST DR. #3
City-St-Zip: WALNUT CREEK, CA 94595

Title: MGR
Name: DOWNING, TRACY T
Address: 1910 SKYCREST DR. #3
City-St-Zip: WALNUT CREEK, CA 94595

I hereby 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 Statues.

SIGNATURE: TRACY DOWNING MGR 03/10/2010
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date