2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2007
Secretary of State

DOCUMENT# L06000044697

Entity Name: COMPLETE BUSINESS CONSULTANTS, LLC

Current Principal Place of Business:

8485 NW 49TH DRIVE
CORAL SPRINGS, FL 33067

New Principal Place of Business:

Current Mailing Address:

8485 NW 49TH DRIVE
CORAL SPRINGS, FL 33067

New Mailing Address:

FEI Number: 20-4783932 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SILVERBERG, STEVEN R
8485 NW 49TH DRIVE
CORAL SPRINGS, FL 33067 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SILVERBERG, STEVEN R
Address: 8485 NW 49TH STREET
City-St-Zip: CORAL SPRINGS, FL 33067

Title: MGR ( ) Delete
Name: OFFORD, KEITH V
Address: 37650 S. VISTA RIDGE CT.
City-St-Zip: TUCSON, AZ 85739

Title: MGR ( ) Delete
Name: GRANT, ARNOLD
Address: 1522 MARTINGALE PL.
City-St-Zip: SANTA ANA, CA 92705

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change ( ) Addition
Name: GRANT, ARNOLD
Address: 19114 VILLAGE 19
City-St-Zip: CAMARILLO, CA 93012

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: STEVEN R. SILVERBERG MGRM 01/14/2007

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