2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2007
Secretary of State

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Entity Name: GROUND FLOOR CONSULTANTS, LLC

Current Principal Place of Business:

4899 BRANDYWINE DRIVE
BOCA RATON, FL 33487

New Principal Place of Business:

4794 N. CITATION DRIVE
APT 206
DELRAY BEACH, FL 33445 US

Current Mailing Address:

4899 BRANDYWINE DRIVE
BOCA RATON, FL 33487

New Mailing Address:

4794 N. CITATION DRIVE
APT 206
DELRAY BEACH, FL 33445 US

FEI Number: 20-4904060 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FASULO, ANTHONY J
8171 THAMES BLVD.
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

GOLDFARB, JIM
4794 N. CITATION DRIVE
APT 206
DELRAY BEACH, FL 33445 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: JIM GOLDFARB 01/12/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: FASULO, ANTHONY J
Address: 4899 BRANDYWINE DRIVE
City-St-Zip: BOCA RATON, FL 33487

Title: MGRM (X) Delete
Name: GOLDFARB, JIM
Address: 4899 BRANDYWINE DRIVE
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: GOLDFARB, JIM
Address: 4794 N. CITATION DRIVE
City-St-Zip: DELRAY BEACH, FL 33445

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

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: JIM GOLDFARB MGRM 01/12/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date