


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90040 048 ***138.75

DOCUMENT # L06000063620	
1. Entity Name JERICHO STATE FUND CONSULTING, LLC	

Principal Place of Business 2500 N. MILITARY TRAIL SUITE #240 BOCA RATON, FL 33431	Mailing Address 2500 N. MILITARY TRAIL SUITE #240 BOCA RATON, FL 33431
---	---

2. Principal Place of Business - No P.O. Box # 3835 NW Boca Raton Blvd Suite, Apt. #, etc. Suite 200 City & State Boca Raton FL Zip 33431 Country USA	3. Mailing Address 3835 NW Boca Raton Blvd Suite, Apt. #, etc. Suite 200 City & State Boca Raton FL Zip 33431 Country USA
--	--

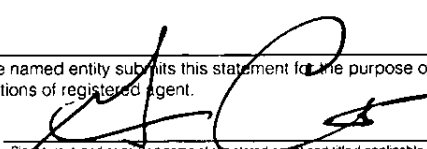


01042008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5105037	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent CHWATT, GLENN M 2500 N. MILITARY TRAIL SUITE #240 BOCA RATON, FL 33431	7. Name and Address of New Registered Agent Name Glenn M Chwatt Street Address (P.O. Box Number is Not Acceptable) 3835 NW Boca Raton Blvd Suite 200 City Boca Raton FL Zip Code 33431
--	--

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 

(NOTE: Registered Agent signature required when reinstating)

DATE

1/9/2008

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHWATT, GLENN M 2500 N. MILITARY TRAIL SUITE #240 BOCA RATON, FL 33431	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3835 NW Boca Raton Blvd Suite 200 Boca Raton FL 33431	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/9/2008

561 362 0091