

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000066432

FILED  
Mar 26, 2007  
Secretary of State

Entity Name: CONSULT JEM LLC

**Current Principal Place of Business:**

3410 162ND AVE E  
PARRISH, FL 34219

**New Principal Place of Business:**

**Current Mailing Address:**

3410 162ND AVE E  
PARRISH, FL 34219

**New Mailing Address:**

FEI Number: 20-5285380

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCLEOD, JULIE E  
3410 162ND AVE E  
PARRISH, FL 34219 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: MCLEOD, JULIE E  
Address: 3410 162ND AVE E  
City-St-Zip: PARRISH, FL 34219

Title: MGRM ( ) Delete  
Name: WILBANKS, AMIE  
Address: 763 59TH AVE NE  
City-St-Zip: ST. PETERSBURG, FL 33703

Title: MGRM ( ) Delete  
Name: DWYER, THEODORE  
Address: 600 STARKEY RD. #319  
City-St-Zip: LARGO, FL 33771

**ADDITIONS/CHANGES:**

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

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

Title: MGRM (X) Change ( ) Addition  
Name: DWYER, THEODORE  
Address: 30560 USF HOLLY DRIVE  
City-St-Zip: TAMPA, FL 33620

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: JULIE E. MCLEOD

MGRM

03/26/2007

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