

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000095115

FILED
Sep 07, 2007
Secretary of State

Entity Name: PROFITABLE CONSEQUENCES, LLC

Current Principal Place of Business:

5900 NORTH ANDREWS AVE, SUITE 100
FT. LAUDERDALE, FL 33309

New Principal Place of Business:

17555 COLLINS AVENUE
#2303
SUNNY ISLES BEACH, FL 33160

Current Mailing Address:

5900 NORTH ANDREWS AVE, SUITE 100
FT. LAUDERDALE, FL 33309

New Mailing Address:

17555 COLLINS AVENUE
#2303
SUNNY ISLES BEACH, FL 33160

FEI Number: 20-5625883 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BRADLEY, DAVID
5900 NORTH ANDREWS AVE, SUITE 100
FT. LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

BRADLEY, DAVID
17555 COLLINS AVENUE
#2303
SUNNY ISLES BEACH, FL 33160 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: DAVID BRADLEY

09/07/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BRADLEY, DAVID
Address: 5900 NORTH ANDREWS AVE, SUITE 100
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: MGRM () Delete
Name: MCWILLIAMS, RYAN
Address: 5900 NORTH ANDREWS AVE, SUITE 100
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: MGRM () Delete
Name: NEISWENTER, DAVID
Address: 5900 NORTH ANDREWS AVE, SUITE 100
City-St-Zip: FT. LAUDERDALE, FL 33309

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BRADLEY, DAVID
Address: 17555 COLLINS AVENUE #2303
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: MGRM (X) Change () Addition
Name: MCWILLIAMS, RYAN
Address: 17555 COLLINS AVENUE #2303
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: MGRM (X) Change () Addition
Name: NEISWENTER, DAVID
Address: 17555 COLLINS AVENUE #2303
City-St-Zip: SUNNY ISLES BEACH, FL 33160

I hereby certify that the information supplied with this filing does not qualify 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: DAVID NEISWENTER

MGRM

09/07/2007

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