


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 08, 2007 8:00 am**  
**Secretary of State**

5/

05-08-2007 90116 048 \*\*\*\*50.00

<b>DOCUMENT # L06000116823</b>					
1. Entity Name <b>STEPHEN L. OSEROFF CONSULTING, LLC</b>					
Principal Place of Business <b>6898 ANTINORI LANE BOYNTON BEACH, FL 33437</b>			Mailing Address <b>6898 ANTINORI LANE BOYNTON BEACH, FL 33437</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>55772362896</b> <b>N/A</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>OSEROFF, STEPHEN 6898 ANTINORI LANE BOYNTON BEACH, FL 33437</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 re-creating)					
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OSEROFF, STEPHEN 6898 ANTINORI LANE BOYNTON BEACH, FL 33437	<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	
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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: <b>STEPHEN OSEROFF</b>			Date: <b>May 1, 2007</b> 561-734-6399		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

30010228



05072007 Chg-LLC CR2E083 (12/06) **SD**

STEPHEN L. OSEROFF  
CONSULTING, LLC  
REAL ESTATE  
DEVELOPMENT AND INVESTMENT

ATTACHMENT

30010228

6898 ANTINORI LANE  
BOYNTON BEACH, FLORIDA  
33437

Annual Reports Section  
Florida Department of State  
Division of Corporations  
PO Box 6478  
Tallahassee, Florida 32314

June 4, 2007

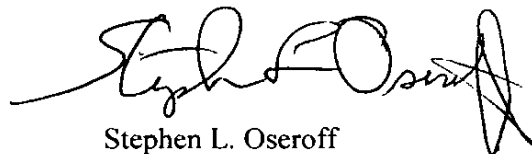
Subject: Stephen L. Oseroff  
Consulting, LLC  
Reference # L06000116823

To Whom It May Concern,

I received a letter dated May 22, 2007 relating to a FEI... I called the Division of Corp and spoke to a representative, explaining that the referenced LLC is owned by a single stockholder. We both agreed that the earnings passed to the shareholder and the SS# is used. She instructed me to return the form deleting the SS# and writing in N/A.

Attached to this letter is the form returned to me with the N/A change... If you have any additional question, please let me know.

Sincerely,



Stephen L. Oseroff