

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000091102

FILED  
Apr 25, 2008  
Secretary of State

Entity Name: FINANCE AND CONSULTING TEAM

**Current Principal Place of Business:**

1023 INVERNESS AVE.  
MELBOURNE, FL 32940

**New Principal Place of Business:**

**Current Mailing Address:**

1023 INVERNESS AVE.  
MELBOURNE, FL 32940

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

ROY, SHIRLEY D  
1023 INVERNESS AVE.  
MELBOURNE, FL 32940      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:                      ROY, ANDREW J  
Address:                      1023 INVERNESS AVE.  
City-St-Zip:                      MELBOURNE, FL 32940

Title:                      MGRM                      ( ) Delete  
Name:                      ROY, SHIRLEY D  
Address:                      1023 INVERNESS AVE.  
City-St-Zip:                      MELBOURNE, FL 32940

Title:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

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

Title:                      MGRM                      ( ) Change (X) Addition  
Name:                      HAEGER, NEIL C PRES  
Address:                      1023 INVERNESS AVE  
City-St-Zip:                      MELBOURNE, FL 32940

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: SHIRLEY D ROY                      MGRM                      04/25/2008

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