2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 06, 2008
Secretary of State

DOCUMENT# L07000095495

Entity Name: CORPORATE CONSULTING GROUP, LLC

Current Principal Place of Business:

13290 CORBEL CIRCLE
2224
FORT MYERS, FL 33907 US

New Principal Place of Business:

13310 CORBEL CIRCLE
1828
FORT MYERS, FL 33907 US

Current Mailing Address:

13290 CORBEL CIRCLE
2224
FORT MYERS, FL 33907 US

New Mailing Address:

13310 CORBEL CIRCLE
1828
FORT MYERS, FL 33907 US

FEI Number: **FEI Number Applied For (X)** **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:

GILLIARD, JAMES H
13290 CORBEL CIRCLE
2224
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

PITKIN, JERALD R ESQ
1575 PINE RIDGE ROAD
SUITE 10
NAPLES, FL 34109 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: JERALD R. PITKIN 08/06/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: GILLIARD, JAMES H
Address: 13290 CORBEL CIRCLE #2224
City-St-Zip: FORT MYERS, FL 33907 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: GILLIARD, JAMES H
Address: 13310 CORBEL CIRCLE #1828
City-St-Zip: FORT MYERS, FL 33907 US

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: JAMES GILLIARD MGR 08/06/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date