

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000104377

FILED
Feb 05, 2008
Secretary of State

Entity Name: KIBBEY MANAGEMENT CONSULTING, L.L.C.

Current Principal Place of Business:

1843 LARAMIE CIRCLE
SUITE 100
MELBOURNE, FL 32940

New Principal Place of Business:

Current Mailing Address:

1843 LARAMIE CIRCLE
SUITE 100
MELBOURNE, FL 32940

New Mailing Address:

FEI Number: 26-1235682

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIBBEY, RICHARD A
1843 LARAMIE CIRCLE
SUITE 100
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: KIBBEY, RICHARD A
Address: 1843 LARAMIE CIRCLE, SUITE 100
City-St-Zip: MELBOURNE, FL 32940

Title: MGRM () Delete
Name: KIBBEY, RICHARD A
Address: 1843 LARAMIE CIRCLE, SUITE 100
City-St-Zip: MELBOURNE, FL 32940

Title: MGRM () Delete
Name: KIBBEY, ELIZABETH
Address: 1843 LARAMIE CIRCLE, SUITE 100
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES:

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

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

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

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: RICHARD A. KIBBEY

MR.

02/05/2008

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