2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2008
Secretary of State

DOCUMENT# L07000108375

Entity Name: LGS CONSULTING, LLC.

Current Principal Place of Business:

1660 WILD INDIGO TERRACE
OVIEDO, FL 32766

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 620278
OVIEDO, FL 32762

New Mailing Address:

FEI Number: 06-1835183 **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:

DUBOSE, ROBENA
1660 WILD INDIGO TERRACE
OVIEDO, FL 32766 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:	MGR	( ) Delete
Name:	DUBOSE, ROBENA	
Address:	P.O. BOX 620278	
City-St-Zip:	OVIEDO, FL 32762	
Title:	MGRM	( ) Delete
Name:	FANNIN, ANTHONY	
Address:	114 VALENCIA LOOP	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32714	
Title:	MGRM	( ) Delete
Name:	SHAW, RONALD JR.	
Address:	3515 MONUMENT DRIVE	
City-St-Zip:	DELTONA, FL 32738	

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: ROBENA DUBOSE MGR 05/15/2008

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