

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jun 02, 2008 8:00 am  
Secretary of State**

04-28-2008 90055 012 \*\*\*138.75

|  |   |   |   |   |  |
|--|---|---|---|---|--|
| <b>DOCUMENT # L07000126888</b><br>1. Entity Name<br><b>MBO CONSULTING, LLC</b>   |   |   |   |   |  |
| Principal Place of Business<br><b>ONE SOUTH SCHOOL AVENUE, SUITE 1000<br/>SARASOTA, FL 34237</b>   |   |   | Mailing Address<br><b>ONE SOUTH SCHOOL AVENUE, SUITE 1000<br/>SARASOTA, FL 34237</b>                              |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><br>Suite, Apt. #, etc. |   |   |  |
| City & State   |   | City & State                                  |   |   |  |
| Zip  | Country   | Zip   | Country   |   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>OLAN, MITCHELL B<br/>ONE SOUTH SCHOOL AVENUE, SUITE 1000<br/>SARASOTA, FL 34237</b>  |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |   |  |
| 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.  |   |   | 4. FEI Number<br><b>26-1637747</b>  |   |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |   | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                          |   |  |
| FILE NOW!!! FEE IS \$138.75<br>After May 1, 2008 Fee will be \$538.75  |   |   | Make check payable to<br>Florida Department of State  |   |  |
| 9. MANAGING MEMBERS/MANAGERS   |   |   | 10. ADDITIONS/CHANGES   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br><b>OLAN, MITCHELL B</b><br><b>ONE SOUTH SCHOOL AVENUE, SUITE 1000</b><br><b>SARASOTA, FL 34237</b> <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
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| 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:<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |   |   |   |   |  |

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04222008 Chg-LLC CR2E083 (12/06)

**FL** Zip Code

Date Daytime Phone #