

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
May 04, 2009  
Secretary of State**

DOCUMENT# L08000098802

Entity Name: FLORIDA STRATEGIC CONSULTANTS, LLC

**Current Principal Place of Business:**

1 BISCAYNE TOWER, 2 S. BISCAYNE BLVD.  
21ST FLOOR  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

390 N. ORANGE AVE., STE. 1400  
ORLANDO, FL 32801

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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:**

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

B&C CORPORATE SERVICES OF CENTRAL FLORIDA  
390 N. ORANGE AVE.  
SUITE 1400  
ORLANDO, FL 32801 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

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

Title: PRES ( ) Change (X) Addition  
Name: BUCHAN, TAMMY J  
Address: 390 N. ORANGE AVE., STE. 1400  
City-St-Zip: ORLANDO, FL 32801 US

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

Title: VP ( ) Change (X) Addition  
Name: SMEKENS, CONNIE M  
Address: 390 N. ORANGE AVE., STE. 1400  
City-St-Zip: ORLANDO, FL 32801 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: TAMMY J. BUCHAN

PRES

05/04/2009

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