

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90135 022 ****50.00

DOCUMENT # L98000002364

1. Entity Name

AFFINITY MANAGEMENT CONSULTING GROUP, L.L.C.



Principal Place of Business

**737 HUNT CLUB TRAIL
 PORT ORANGE FL 32127**

Mailing Address

**P.O. BOX 290092
 PORT ORANGE FL 32129**

961729



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3546172

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**EVANS, CLIFFORD
 737 HUNT CLUB TRAIL
 PORT ORANGE FL 32127**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
MGR	EVANS, CLIFFORD	737 HUNT CLUB TRAIL	PORT ORANGE FL 32127	<input checked="" type="checkbox"/>
MGR	IRVINE, JOHN	737 HUNT CLUB TRAIL	PORT ORANGE FL 32127	<input checked="" type="checkbox"/>
MGR	MARCINKO, JOHN	737 HUNT CLUB TRAIL	PORT ORANGE FL 32127	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
MGR	RALPH J. TERSIGNI	737 HUNT CLUB TRAIL	PORT ORANGE, FL 32127	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MGR	MICHAEL R. TERSIGNI	737 HUNT CLUB TRAIL	PORT ORANGE, FL 32127	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E083 (9/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Clifford Evans*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/29/02
 Date

Daytime Phone #