# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Mar 29, 2005 08:00 AM**
**Secretary of State**

DOCUMENT # L99000002097

1. Entity Name
HOLLAND & KNIGHT CONSULTING LLC

Principal Place of Business
2115 HARDEN BLVD.
LAKELAND, FL 33803

Mailing Address
2115 HARDEN BLVD.
LAKELAND, FL 33803

03142005No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3577717 — Applied For / Not Applicable

5. Certificate of Status Desired — **$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE., SUITE 3000
MIAMI, FL 33131

**DO NOT WRITE IN THIS SPACE**

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE

**Filing Fee is $50.00**
**Due by May 1, 2005**

| 9. | MANAGING MEMBERS/MANAGERS |
|---|---|
| TITLE | MGRM |
| NAME | FEAGIN, ROBERT R III |
| STREET ADDRESS | 400 NORTH ASHLEY DRIVE, SUITE 2300 |
| CITY-ST-ZIP | TAMPA, FL 33602 |
| TITLE | MGRM |
| NAME | MAIN, JAMES L |
| STREET ADDRESS | 400 NORTH ASHLEY DRIVE, SUITE 2300 |
| CITY-ST-ZIP | TAMPA, FL 33602 |
| TITLE | MGRM |
| NAME | SLOAN, DAVID S |
| STREET ADDRESS | 400 NORTH ASHLEY DRIVE, SUITE 2300 |
| CITY-ST-ZIP | TAMPA, FL 33602 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
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| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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03/29/05-80012-002 55.00

**DO NOT WRITE IN THIS SPACE**

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:** _____ 3/16/05 904-798-5477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

L. Kinder Cannon III