


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000007281 1. Entity Name SAN RAFAEL CONSULTING GROUP, L.L.C.	
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Principal Place of Business 8560 HERON LAGOON CIRCLE SARASOTA, FL 34242	Mailing Address 8560 HERON LAGOON CIRCLE SARASOTA, FL 34242
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DO NOT WRITE IN THIS SPACE



02012004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-0957791	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent WRIGHT, JOHN G JR 8560 HERON LAGOON CIRCLE SARASOTA, FL 34242	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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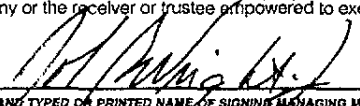
**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WRIGHT, JOHN G JR 8560 HERON LAGOON CIRCLE SARASOTA, FL 34242
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02/12/04-80016-002 50.00

**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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	Date 2-2-04	Daytime Phone # 941-346-7530
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