

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000007909

FILED  
Apr 06, 2004  
Secretary of State

**Entity Name:** CONSULTGROUP INTERNATIONAL, LLC

**Current Principal Place of Business:**

1591 E ATLANTIC BLVD  
SUITE 200  
POMPANO BEACH, FL 33060

**New Principal Place of Business:**

2641 E ATLANTIC BLVD  
SUITE 308  
POMPANO BEACH, FL 33062

**Current Mailing Address:**

1591 E ATLANTIC BLVD  
SUITE 200  
POMPANO BEACH, FL 33060

**New Mailing Address:**

2641 E ATLANTIC BLVD  
SUITE 308  
POMPANO BEACH, FL 33062

**FEI Number:** 52-2373356

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FENCON LLC  
1591 E ATLANTIC BLVD  
SUITE 200  
POMPANO BEACH, FL 33060 US

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

FENCON LLC  
2641 E ATLANTIC BLVD  
SUITE 308  
POMPANO BEACH, FL 33062 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: MICHAEL BAKERJIAN

04/06/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: SMITH, SHARON  
Address: THE VALLEY PO BOX 2  
City-St-Zip: ANGUILLA BRITISH WEST INDIES,

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BAKERJIAN, MICHAEL  
Address: 2641 E. ATLANTIC BLVD.  
City-St-Zip: POMPANO BEACH, FL 33062 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL BAKERJIAN

MGR

04/06/2004

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