

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M00000000833

**FILED**  
**Apr 30, 2006**  
**Secretary of State**

**Entity Name:** MILLENNICOM CONSULTING GROUP, LLC

**Current Principal Place of Business:**

PO BOX 2639  
LUTZ, FL 33548

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2639  
LUTZ, FL 33548

**New Mailing Address:**

**FEI Number:** 59-3611880

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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

PALMIERO, JENNIFER A MRS.  
18107 CROOKED LANE  
LUTZ, FL 33548 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: JENNIFER A. PALMIERO

04/30/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PULEO, MICHAEL J  
Address: PO BOX 2639  
City-St-Zip: LUTZ, FL 33548

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

MGRM

04/30/2006

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