2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 16, 2007
Secretary of State

DOCUMENT# M02000000063

Entity Name: PFM DADE CONSULTANTS, LLC

Current Principal Place of Business:

C/O THE CORPORATION TRUST COMPANY
CORPORATION TRUST CTR, 1209 ORANGE ST
WILMINGTON, DE 19801

New Principal Place of Business:

Current Mailing Address:

C/O THE CORPORATION TRUST COMPANY
CORPORATION TRUST CTR, 1209 ORANGE ST
WILMINGTON, DE 19801

New Mailing Address:

FEI Number: 52-2328299 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: WHITE, JOHN F MGR
Address: TWO LOGAN SQUARE, #1600
City-St-Zip: PHILADELPHIA, PA 19103

Title: MGR ( ) Delete
Name: MASVIDAL PARTNERS, I, NC.
Address: 201 ALHAMBRA CIRCLE #1401
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: F. JOHN WHITE MGR 07/16/2007

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