

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jul 07, 2004 08:00 AM
Secretary of State**

DOCUMENT # M02000001435

1. Entity Name
USC CONSULTING GROUP, LLC



Principal Place of Business
**6200 COURTNEY CAMPBELL CAUSEWAY
SUITE #1010
TAMPA, FL 33607**

Mailing Address
**6200 COURTNEY CAMPBELL CAUSEWAY
SUITE #1010
TAMPA, FL 33607**



DO NOT WRITE IN THIS SPACE

06212004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
23-1953580

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BROWN, GARY
6200 COURTNEY CAMPBELL CAUSEWAY
SUITE #1010
TAMPA, FL 33607**

**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

N/A

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 September 8, 2004**

000000163880
07/07/04-80022-006 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
COFFEY, GEORGE W
6200 COURTNEY CAMPBELL CAUSEWAY
TAMPA, FL 33607**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

George W. Coffey
GEORGE W. COFFEY

Date

Daytime Phone #

813-636-4004