


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # M03000001422 1. Entity Name MR CONSULTING LLC	
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Principal Place of Business 712 FIFTH AVENUE, 29 FLOOR NEW YORK, NY 10019	Mailing Address 712 FIFTH AVENUE, 29 FLOOR NEW YORK, NY 10019
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DO NOT WRITE IN THIS SPACE



01202005No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1161003	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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5. Name and Address of Current Registered Agent MARTIN, MIGUEL A 848 BRICKELL AVE., SUITE 830 MIAMI, FL 33131	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2005**

11000000229895
02/15/05-80019-002 150.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSENBERG, FATOS 4201 BAY POINT RD. MIAMI, FL 33137
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**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: _____

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

Date

Daytime Phone #

1/31/05 (305)374-4422