

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90041 003 \*\*\*\*50.00

<b>DOCUMENT # M03000002517</b>					
<b>1. Entity Name</b> DELOITTE CONSULTING (NEVADA) LLC					
<b>Principal Place of Business</b> 1633 BROADWAY NEW YORK, NY 10019			<b>Mailing Address</b> 4022 SELLS DRIVE HERMITAGE, TN 37076		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> US Firm's Taxes			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 4022 Sells Drive			
<b>City &amp; State</b>		<b>City &amp; State</b> Hermitage, TN		<b>4. FEI Number</b> 57-1170905	
<b>Zip</b>		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM DELOITTE CONSULTING LLP 1633 BROADWAY NEW YORK, NY 10019 <input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b> <u>Barbara S. Newman</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER</small>			Barbara S. Newman, Partner of Deloitte & Touche USA LLP Deloitte & Touche USA LLP, member Deloitte Consulting LLP Deloitte Consulting LLP, member Deloitte Consulting (Nevada) LLC		
			Date <u>4-17-07</u> Daytime Phone # _____		