
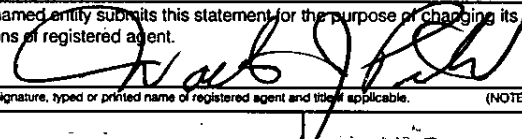



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90230 011 ****50.00

DOCUMENT # M03000002647 1. Entity Name WALTER J. PIETRAK CONSULTING, LLC																													
Principal Place of Business 17 SEA RAVEN TERRACE ORMOND BEACH, FL 32176			Mailing Address 17 SEA RAVEN TERRACE ORMOND BEACH, FL 32176																										
2. Principal Place of Business 2058 JOHN ANDERSON DR Suite, Apt. #, etc.		3. Mailing Address 2058 JOHN ANDERSON DR Suite, Apt. #, etc.																											
City & State ORMOND BEACH, FL Zip 32176 Country USA		City & State ORMOND BEACH, FL Zip 32176 Country USA		4. FEI Number 31-1778567 Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																													
6. Name and Address of Current Registered Agent PIETRAK, WALTER J 17 SEA RAVEN TERRACE ORMOND BEACH, FL 32176			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2058 JOHN ANDERSON DR City ORMOND BEACH FL Zip Code 32176																										
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  WALTER J. PIETRAK 3/4/2004 <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State																										
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">MGRM</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PIETRAK, WALTER J</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>17 SEA RAVEN TERRACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORMOND BEACH, FL 32176</td> <td></td> </tr> </table>			TITLE	MGRM	<input type="checkbox"/> Delete	NAME	PIETRAK, WALTER J		STREET ADDRESS	17 SEA RAVEN TERRACE		CITY-ST-ZIP	ORMOND BEACH, FL 32176		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">MGRM</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>PIETRAK, WALTER J.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2058 JOHN ANDERSON DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORMOND BEACH, FL 32176</td> <td></td> </tr> </table>			TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	PIETRAK, WALTER J.		STREET ADDRESS	2058 JOHN ANDERSON DR		CITY-ST-ZIP	ORMOND BEACH, FL 32176	
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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:  WALTER J. PIETRAK 3/4/2004 386-441-0382 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																													