

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000006707

FILED  
Apr 29, 2008  
Secretary of State

**Entity Name:** ITMCS-IT MANAGEMENT CONSULTING & SERVICES LLC

**Current Principal Place of Business:**

1680 MICHIGAN AVENUE STE 700  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

1680 MICHIGAN AVENUE STE 700  
MIAMI BEACH, FL 33139

**New Mailing Address:**

**FEI Number:** 20-2948202

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHLECHTER, GERALD  
1680 MICHIGAN AVENUE STE 700  
MIAMI BEACH, FL 33139 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: MGRM ( ) Delete  
Name: SCHLECHTER, GERALD  
Address: 1680 MICHIGAN AVENUE STE 700  
City-St-Zip: MIAMI BEACH, FL 33139

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SCHLECHTER, GERALD  
Address: 2733 ARBOR AVENUE  
City-St-Zip: CINCINNATI, OH 45209 US

Title: MGRM ( ) Change (X) Addition  
Name: ITMCS - IT MANAG. CO, NS. & SERVICE G MBH  
Address: AUMANNPLATZ 1  
City-St-Zip: VIENNA, VI 1180 AT

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: SCHLECHTER GERALD

MGRM

04/29/2008

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