

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000000961

FILED  
Jan 08, 2004  
Secretary of State

**Entity Name:** STEVENS CONSULTANT SERVICES, LLC

**Current Principal Place of Business:**

520 SANTA ROSA BLVD. #414  
FORT WALTON BEACH, FL 32548

**New Principal Place of Business:**

**Current Mailing Address:**

520 SANTA ROSA BLVD. #414  
FORT WALTON BEACH, FL 32548

**New Mailing Address:**

**FEI Number:** 58-2399207

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STEVENS, SCOTT  
520 SANTA ROSA BLVD., SUITE 414  
FT. WALTON BEACH, FL 32548 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: STEVENS, SCOTT  
Address: 520 SANTA ROSA BLVD., SUITE 414  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: MGRM ( ) Delete  
Name: STEVENS, MARK L  
Address: 7356 CADENCIA STREET  
City-St-Zip: CARLSBAD, CA 92009

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SCOTT P. STEVENS

MGRM

01/08/2004

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