

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# Z00344

FILED  
Apr 12, 2007  
Secretary of State

Entity Name: STATE STREET CONSULTANTS, L.C.

**Current Principal Place of Business:**

254 STATE STREET  
P. O. BOX BOX 46  
MOBILE, AL 36601

**New Principal Place of Business:**

**Current Mailing Address:**

254 STATE STREET  
P. O. BOX BOX 46  
MOBILE, AL 36601

**New Mailing Address:**

FEI Number: 63-1049351

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SETERFITT, DONALD T  
255 S ORANGE AVE  
ORLANDO, FL 32801 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: MGR ( ) Delete  
Name: MILLER HAMILTON SNID, ER  
Address: 254 STATE ST  
City-St-Zip: MOBILE, AL 36603

Title: MGRM ( ) Delete  
Name: MILLER, JOHN C. H. JR  
Address: 254 STATE ST  
City-St-Zip: MOBILE, AL 36603

Title: MGR ( ) Delete  
Name: SNIDER, RONALD A  
Address: 254 STATE ST  
City-St-Zip: MOBILE, AL 36603

**ADDITIONS/CHANGES:**

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

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 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: VICKY L. PATRIDGE

CFO

04/12/2007

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