


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000005258

1. Entity Name
COMSYSTEMS, L.L.C.



Principal Place of Business 4120 ENTERPRISE AVE., STE. 100 NAPLES, FL 34104	Mailing Address 4120 ENTERPRISE AVE., STE. 100 NAPLES, FL 34104
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DO NOT WRITE IN THIS SPACE



01212004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1005920	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GANDOLFO, ANTOINE
 4120 ENTERPRISE AVE., STE. 100
 NAPLES, FL 34104

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GANDOLFO, ANTOINE 4120 ENTERPRISE AVE., STE. 100 NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GANDOLFO, PROVIDENCE 4120 ENTERPRISE AVE., STE. 100 NAPLES, FL 34104
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~~02/02/02-80001-004 50.00~~
 U000000028845
 02/04/04-80042-004 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ **Date:** 1/27/04 **Daytime Phone #:** (239) 659 5685

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE