

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000005123

FILED  
Jan 03, 2005  
Secretary of State

Entity Name: CUSTOMER MANAGEMENT SYSTEMS LLC

**Current Principal Place of Business:**

2499 OLD LAKE MARY RD.  
104  
SANFORD, FL 32771

**New Principal Place of Business:**

1616 WEST AIRPORT BLVD  
SANFORD, FL 32771

**Current Mailing Address:**

2499 OLD LAKE MARY RD.  
104  
SANFORD, FL 32771

**New Mailing Address:**

1616 WEST AIRPORT BLVD.  
SANFORD, FL 32771

FEI Number: 04-3740341

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AGENTS AND CORPORATIONS, INC.  
773 4TH AVENUE NORTH, SUITE E  
NAPLES, FL 34102 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: KOERNER, JAMES A OWNER  
Address: 15 RANCH TRAIL RD.  
City-St-Zip: DEBARY, FL 32713 US

**ADDITIONS/CHANGES:**

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: JAMES A. KOERNER

MGRM

01/03/2005

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