## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Electronic Signature of Registered Agent

## DOCUMENT# L03000042294

Entity Name: COMPUTECH CITY LLC

**Current Principal Place of Business:** 

106 W. MITCHELL-HAMMOCK ROAD.

FILED Jan 07, 2005 Secretary of State

Date

**New Principal Place of Business:** 

OVIEDO, FL 32765 **Current Mailing Address: New Mailing Address:** 106 W. MITCHELL-HAMMOCK ROAD. OVIEDO, FL 32765 US FEI Number: 20-0352273 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PATEL, VIREN PATEL, SAURIN 1259 MARINA POINT. 1259 MARINA POINT. APT#305 APT#305 CASSELBERRY, FL 32707 US CASSELBERRY, FL 32707 US 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: SAURIN 01/07/2005

## MANAGING MEMBERS/MEMBERS:

Address:

City-St-Zip:

1259 MARINA POINT, APT # 301

CASSELBERRY, FL 32707 US

ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete PATEL, SAURIN Name: Name: 1259 MARINA POINT, APT # 305 Address: Address: City-St-Zip: CASSELBERRY, FL 32707 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition PATEL, JYOTSNA D Name: Name: Address: 1259 MARINA POINT, APT # 301 Address: City-St-Zip: CASSELBERRY, FL 32707 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition PATEL, VIREN Name: Name: 1259 MARINA POINT, APT # 305 Address: Address: City-St-Zip: CASSELBERRY, FL 32707 US City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition Name: PATEL, DINESH Name:

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.

Address:

City-St-Zip:

SIGNATURE: SAURIN PATEL **MGRM** 01/07/2005