2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Apr 10, 2008 08:00 A Secretary of State

DOCUMENT#I	_05000106451	

1. Entity Name SOFTWARE INNOVATIONS, LLC

Principal Place of Business

BRADENTON, FL 34203

6434 BAY CEDAR LANE US Mailing Address

6434 BAY CEDAR LANE

US BRADENTON, FL 34203



DO NOT WRITE IN THIS SPACE

CR2E083 (12/07) 03202008No Chg-LLC

4. FEI Number 20-3722779 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SHULLICK, LAURA A 6434 BAY CEDAR LANE BRADENTON, FL 34203

DO NOT WRITE IN THIS SPACE

	e named entity submits this statement for the purpose of cha tions of registered agent	nging its registered office or registe	red agent, or both, in the State of	Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature require	d when reinstation))	DATE	
	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75				
9.	MANAGING MEMBERS/MANAGERS			<u> </u>	
TITLE	MGRM		04/23/08-80004-016 138.7		
NAME	SHULLICK, DAVID A				
STREET AUDRESS	6434 BAY CEDAR LANE				
CITY-SI-ZIP	BRADENTON, FL 34203				
filte	MGRM				
NAME	SHULLICK, LAURA A	l.			
STREET AUDRESS	6434 BAY CEDAR LANE	1			
CITY-ST-ZIP	BRADENTON, FL 34203				
TITLE					
NAME					
STREET ADDRESS			DO NOT V	MDITE	
CITY SI - ZIP			DO NOT V	WRITE	
TITLE			IN THIS S	PACE	
NAME			1111100	AOL	
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY - S1 - ZIP					

11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 eath; 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:

NAME STREET ADDRESS CITY-SI-ZIP

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