

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
May 01, 2008  
Secretary of State**

DOCUMENT# L06000039401

Entity Name: DISCRETE SOLUTIONS, LLC

**Current Principal Place of Business:**

9460 FOWLER AVENUE  
THONOTOSASSA, FL 33592

**New Principal Place of Business:**

**Current Mailing Address:**

9460 FOWLER AVENUE  
THONOTOSASSA, FL 33592

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

A1A REGISTERED AGENT INC.  
5647 110TH AVE. NORTH  
ROYAL PALM BEACH, FL 334110000 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title:                      MGRM                      ( ) Delete  
Name:                      ALLEYNE, LUKE  
Address:                      9460 FOWLER AVENUE  
City-St-Zip:                      THONOTOSASSA, FL 33592

**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 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: LUKE ALLEYNE

PRES

05/01/2008

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