


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2004 08:00 AM
Secretary of State

DOCUMENT # M00000001639
 1. Entity Name
 VOLUNTARY DATA SERVICES, LLC



Principal Place of Business
 901 PENINSULA CORPORATE CIR.
 BOCA RATON, FL 33487

Mailing Address
 901 PENINSULA CORPORATE CIR.
 BOCA RATON, FL 33487

DO NOT WRITE IN THIS SPACE



03032004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
 52-2225042 Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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B. 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 reissuing)

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

9. MANAGING MEMBERS/MANAGERS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR KLINGEL, STEPHEN J 901 PENINSULA CORP. CIRCLE BOCA RATON, FL 33487 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR DELEHANTY, TERRENCE P 901 PENINSULA CORPORATE CIRCLE BOCA RATON, FL 33487 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR GUERRA, ALFREDO T 901 PENINSULA CORPORATE CIRCLE BOCA RATON, FL 33487 |
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 03/18/04-80041-021 50.00

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11. I hereby certify that the information supplied with this filing does not qualify 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 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: Terrence D. Delehanty 3/4/4 561-893-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #