

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001658

FILED
Jan 04, 2005
Secretary of State

Entity Name: JEFFERSON CAPITAL SYSTEMS, LLC

Current Principal Place of Business:

16 MCLELAND DRIVE
ST. CLOUD, MN 56303

New Principal Place of Business:

Current Mailing Address:

16 NORCROSS STREET
STE 101
ROSWELL, GA 30075

New Mailing Address:

FEI Number: 55-0806073 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LEXISNEXIS DOCUMENT SOLUTIONS INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: MGR () Delete
Name: GILBERT, RICHARD MANAGER
Address: 16 MCLELAND DRIVE
City-St-Zip: ST. CLOUD, MN 56303

Title: MGR () Delete
Name: HOUSE, RICHARD MANAGER
Address: 16 MCLELAND DRIVE
City-St-Zip: ST. CLOUD, MN 56303

Title: MGR (X) Delete
Name: BURTON, DAVID MANAGER
Address: 16 MCLELAND DRIVE
City-St-Zip: ST. CLOUD, MN 56303

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RICHARD GILBERT

MGR

01/04/2005

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