2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# L01000012495

Entity Name: OPERATIONAL COMPLIANCE SERVICES LLC

Current Principal Place of Business:

4236 SE COVE LAKE CIRCLE
#203
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

4236 SE COVE LAKE CIRCLE
#203
STUART, FL 34997

New Mailing Address:

P.O. BOX 3116
STUART, FL 34995

FEI Number: 65-1128026 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CZIZEK, ANNE C
4236 SE COVE LAKE CIRCLE
#203
STUART, FL 34997 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: MGRM ( ) Delete
Name: ALVES, ADAM
Address: 72 CANAL DRIVE
City-St-Zip: BELCHERTOWN, MA 01007

Title: MGRM ( ) Delete
Name: CZIZEK, ANNE C
Address: 4236 SE COVE LAKE CIR #203
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES:

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: ANNE C. CZIZEK PRES 04/30/2004

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