


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 01, 2005 08:00 AM
Secretary of State

DOCUMENT # M03000002942 1. Entity Name COOKE GOVERNMENT SYSTEMS, L.L.C.	
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Principal Place of Business 3420 NORTHSIDE DR. KEY WEST, FL 33040	Mailing Address P.O. BOX 1800 KEY WEST, FL 33041
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07272005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 76-0741233	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CLARIN, PAUL P.O. BOX 1800 KEY WEST, FL 33041	DO NOT WRITE IN THIS SPACE
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8. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR COOKE, JOHN KENT SR. PO BOX 1887 MIDDLEBURG, VA 20117
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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: 	Date: 7/27/05	Daytime Phone #: 305 292 7777 x202
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>