

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90184 027 ****50.00

DOCUMENT # L00000005258

1. Entity Name
COMSYSTEMS, L.L.C.



Principal Place of Business
**4120 ENTERPRISE AVE., STE. 100
 NAPLES, FL 34104**

Mailing Address
**4120 ENTERPRISE AVE., STE. 100
 NAPLES, FL 34104**



2. Principal Place of Business
3888 Mannix Drive
 Suite, Apt. #, etc.
Suite 318

3. Mailing Address
3888 Mannix Drive
 Suite, Apt. #, etc.
Suite 318

01062005 Chg-LLC CR2E083 (10/03)

City & State
Naples, FL

City & State
Naples, FL

4. FEI Number
65-1005920

Applied For
 Not Applicable

Zip
34114

Country
USA

Zip
34114

Country
USA

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

6. Name and Address of Current Registered Agent

GANDOLFO, ANTOINE
4120 ENTERPRISE AVE., STE. 100
NAPLES, FL 34104

7. Name and Address of New Registered Agent

Name
Gandolfo, Antoine

Street Address (P.O. Box Number is Not Acceptable)
3888 Mannix Drive # 318

City
Naples

State
FL

Zip Code
34114

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GANDOLFO, ANTOINE 4120 ENTERPRISE AVE., STE. 100 NAPLES, FL 34104 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GANDOLFO, PROVIDENCE 4120 ENTERPRISE AVE., STE. 100 NAPLES, FL 34104 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Gandolfo, Antoine 3888 Mannix Drive, #318 Naples, FL 34114 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Gandolfo, Providence 3888 Mannix Drive #318 Naples, FL 34114 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date **1/12/05** Daytime Phone # **2396595685**