



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 City & State Naples, FL Zip 34114		3. Mailing Address 3888 Mannix Drive Suite, Apt. #, etc. Suite 318 City & State Naples, FL Zip 34114			
01062005 Chg-LLC CR2E083 (10/03)				4. FEI Number 65-1005920	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
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 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			10. ADDITIONS/CHANGES		
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, 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 4120 ENTERPRISE AVE., STE. 100 NAPLES, FL 34104	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 1/12/05 Daytime Phone # 2396595685		