

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000005258

Entity Name: COMSYSTEMS, L.L.C.

FILED
Feb 12, 2007
Secretary of State

Current Principal Place of Business:

3888 MANNIX DRIVE STE 318
NAPLES, FL 34114

New Principal Place of Business:

630 JACANA CIRCLE
NAPLES, FL 34105

Current Mailing Address:

3888 MANNIX DRIVE STE 318
NAPLES, FL 34114

New Mailing Address:

630 JACANA CIRCLE
NAPLES, FL 34105

FEI Number: 65-1005920

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GANDOLFO, ANTOINE
3888 MANNIX DRIVE STE 318
NAPLES, FL 34114 US

Name and Address of New Registered Agent:

GANDOLFO, ANTOINE
630 JACANA CIRCLE
NAPLES, FL 34105 US

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: ANTOINE GANDOLFO

02/12/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GANDOLFO, ANTOINE
Address: 3888 MANNIX DRIVE STE 318
City-St-Zip: NAPLES, FL 34114

Title: MGRM () Delete
Name: GANDOLFO, PROVIDENCE
Address: 3888 MANNIX DRIVE STE 318
City-St-Zip: NAPLES, FL 34114

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GANDOLFO, ANTOINE
Address: 630 JACANA CIRCLE
City-St-Zip: NAPLES, FL 34105

Title: MGRM (X) Change () Addition
Name: GANDOLFO, PROVIDENCE
Address: 630 JACANA CIRCLE
City-St-Zip: NAPLES, FL 34105

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ANTOINE GANDOLFO

MGRM

02/12/2007

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