


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000006266 1. Entity Name D & S DESIGN AND SOFTWARE ENGINEERING LLC	
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Principal Place of Business % MICHAEL A. CECERE, CPA, P.A. 2200 NORTH FEDERAL HIGHWAY, SUITE #214 BOCA RATON, FL 33431	Mailing Address % MICHAEL A. CECERE, CPA, P.A. 2200 NORTH FEDERAL HIGHWAY, SUITE #214 BOCA RATON, FL 33431
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04292005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1029399	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**CECERE, MICHAEL A CPA
2200 N. FEDERAL HWY, SUITE 214
BOCA RATON, FL 33431**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GAMBOLATI, MARY 2200 NORTH FEDERAL HIGHWAY, SUITE #214 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CECERE, MICHAEL A 2200 NORTH FEDERAL HIGHWAY, SUITE #214 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WAWRETSCHKA, GUNTER 2200 NORTH FEDERAL HIGHWAY, SUITE #214 BOCA RATON, FL 33431
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05/04/05-80042-013 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Michael A. Cecere, V. Operating Mgr.* **4/28/05** **561-368-1190**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #