


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000006572

1. Entity Name
SOLUTIONS, LLC



<i>Principal Place of Business</i> 1179 CORPORATE DRIVE WEST STE. 100 ARLINGTON, TX 76006	<i>Mailing Address</i> 1179 CORPORATE DRIVE WEST STE. 100 ARLINGTON, TX 76006
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DO NOT WRITE IN THIS SPACE



01072004No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3648716	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

SIMMONS, GARY L
1665 LAKESHORE DRIVE
EUSTIS, FL 32726

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

Filing Fee is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SELLARDS, GREG 1179 CORPORATE DRIVE WEST #100 ARLINTON, TX 76006
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 01/12/04 30034-016 50.00

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: *Greg A. Sellards* MGRM 1-7-04 800-344-5914

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #