

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000006945

FILED
Apr 30, 2004
Secretary of State

Entity Name: SYSTEMS LOGICS COMPANY, LLC

Current Principal Place of Business:

3518 HILLIARD RD
JACKSONVILLE, FL 32217

New Principal Place of Business:

Current Mailing Address:

3518 HILLIARD RD
JACKSONVILLE, FL 32217

New Mailing Address:

FEI Number: 59-3663494

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: P () Delete
Name: NOE, PHILIP
Address: 10562 SCOTT MILL RD
City-St-Zip: JACKSONVILLE, FL 32257

Title: VP () Delete
Name: GIBBS, DONNA H
Address: 3518 HILLIARD RD.
City-St-Zip: JACKSONVILLE, FL 32217

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: NOE, PHILIP
Address: 10562 SCOTT MILL RD
City-St-Zip: JACKSONVILLE, FL 32257

Title: MGR (X) Change () Addition
Name: GIBBS, DONNA H
Address: 3518 HILLIARD RD.
City-St-Zip: JACKSONVILLE, FL 32217

Title: MGR () Change (X) Addition
Name: HARPER, DONNA L
Address: 3518 HILLIARD ROAD
City-St-Zip: JACKSONVILLE, FL 32217

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NOE, PHILIP

P

04/30/2004

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