

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000007772

FILED
Feb 10, 2004
Secretary of State

Entity Name: CYBERPRESS LLC

Current Principal Place of Business:

2497 S.W. REILLEY AVENUE
PALM CITY, FL 34990

New Principal Place of Business:

2497 S.W. REILLEY AVENUE
PALM CITY, FL 34990 US

Current Mailing Address:

SPS REHMUS
BOCHUMER STR. 10
WUPPERTAL, GERMANY, D-4229

New Mailing Address:

SPS REHMUS
BOCHUMER STR. 10
WUPPERTAL, GERMANY, DE 42279 D

FEI Number: 65-1034401

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPAMERICA, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: MGRM () Delete
Name: KAISER, AXEL
Address: BOCHUMER STR. 10
City-St-Zip: D 42279 WUPPERTAL,

Title: MGRM () Delete
Name: RICHTER, UWE
Address: BOCHUMER STR. 10
City-St-Zip: D 42279 WUPPERTAL,

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KAISER, AXEL
Address: BOCHUMER STR. 10
City-St-Zip: WUPPERTAL, GERMANY, DE 42279 D

Title: MGRM (X) Change () Addition
Name: RICHTER, UWE
Address: BOCHUMER STR. 10
City-St-Zip: WUPPERTAL, GERMANY, D 42279 D

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: AXEL KAISER

MGRM

02/10/2004

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