

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000008148

FILED
Apr 13, 2004
Secretary of State

Entity Name: CONTROL SYSTEMS INTEGRATORS, L.L.C.

Current Principal Place of Business:

2121 KILLARNEY WAY, SUITE E
TALLAHASSEE, FL 32309

New Principal Place of Business:

1391 TIMBERLANE ROAD
SUITE 102
TALLAHASSEE, FL 32312

Current Mailing Address:

2121 KILLARNEY WAY, SUITE E
TALLAHASSEE, FL 32309

New Mailing Address:

1391 TIMBERLANE ROAD
SUITE 102
TALLAHASSEE, FL 32312

FEI Number: 59-3640561

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUNTER, CURTIS B
1300 THOMASWOOD DRIVE
TALLAHASSEE, FL 32312 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: PARKER, HAL
Address: 2121 KILLARNEY WAY, SUITE E
City-St-Zip: TALLAHASSEE, FL 32309

Title: MGRM () Delete
Name: LINDSEY, DENNIS
Address: 3800 AUSTILL LANE #32
City-St-Zip: MOBILE, AL 36608

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PARKER, HAL
Address: 1391 TIMBERLANE ROAD, SUITE 102
City-St-Zip: TALLAHASSEE, FL 32312

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DENNIS LINDSEY

MGRM

04/13/2004

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