2006 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Apr 20, 2006 08:00 AN Secretary of State DOCUMENT # L00000610789 1. Entity Name COMPUTERS SIMPLIFIED, LLC Principal Place of Business Mailing Address **803 MONTCLAIRE CT** 803 MONTCLAIRE CT CAPE CORAL, FL 33904 CAPE CORAL, FL 33904 04252006No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For NOT APPLICABLE Not Applicable \$5.00 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent NIROUMAND, BAHRAM DO NOT WRITE 803 MONTCLAIRE CT CAPE CORAL, FL 33904 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. Lam 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 ministrating) DATE Filing Fee is \$50.00 Due by May 1, 2006 9. MANAGING MEMBERS/MANAGERS MGRM NIROUMAND, BAHRAM MANE U00000519667 STREET ARDRESS 803 MONTCLAIRE CT 05/02/06-80063-023 50.00 CAPE CORAL, FL 33904 CMY-ST-ZIP TIFLE NAME STREET ADDRESS CTTY-ST-ZIP MLE NAME STREET ADDRESS DO NOT WRITE CITY-SI-ZIP IN THIS SPACE NAME STREET ADDRESS CITY ST-ZIP TILL NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

11. I hereby certify that the information supplied with this filling does not qualify for the examptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is type 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Davime Phone #