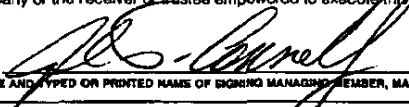


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-12-2004 90028 037 ****50.00

DOCUMENT # L00000011079			
1. Entity Name CONNELLY SOLUTIONS, LLC			
Principal Place of Business 630 CHESTNUT STREET CLEARWATER, FL 33756		Mailing Address P.O. BOX 2456 CLEARWATER, FL 33757-2456	
2. Principal Place of Business 624 Chestnut Street		3. Mailing Address P.O. Box 1027	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Clearwater FL	
Zip	Country	Zip 33757-1027	Country U.S.A.
4. FEI Number 59-3684248		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CONNELLY, JOHN P 630 CHESTNUT STREET CLEARWATER, FL 33756		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 624 Chestnut Street City FL Zip Code	
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 Signature, typed or printed name of registered agent and title if applicable.		DATE	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M CONNELLY, JOHN P 630 CHESTNUT STREET CLEARWATER, FL 33756 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO 624 Chestnut Street ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M CONNELLY, KEVIN J 630 CHESTNUT STREET CLEARWATER, FL 33756 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify 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 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: 		Date 4-8-04 Daytime Phone # 727-447-1121	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

34004056



01052004 Chg-LLC CR2E083 (10/03)