

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90383 027 ****50.00

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01262005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L00000013094					
1. Entity Name EARTHDATA SOLUTIONS, LLC					
Principal Place of Business 701 BRICKELL AVENUE, SUITE 1490 MIAMI, FL 33131			Mailing Address 701 BRICKELL AVENUE, SUITE 1490 MIAMI, FL 33131		
2. Principal Place of Business 900 S. GOLDENROD RD.		3. Mailing Address 900 S. GOLDENROD RD.			
Suite, Apt. #, etc. SUITE D		Suite, Apt. #, etc. SUITE D			
City & State ORLANDO, FL		City & State ORLANDO, FL		4. FEI Number 58-2582768	
Zip 32822		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VIOLA, EDUARDO G 701 BRICKELL AVENUE STE 1490 MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS DOUGLAS, MASSEY R 7320 EXECUTIVE WAY FREDERICK, MD 21704 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PARTNER BRYAN J. LOGAN 7320 EXECUTIVE WAY FREDERICK, MD 21704 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MARTIN ROCHE 900 S. GOLDENROD RD., SUITE D ORLANDO, FL 32822 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>R. Douglas Massey</i>		R. DOUGLAS MASSEY, CFO		2/24/2005 301-948-8550	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	