


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000005963 1. Entity Name FLORIDA STREET INFORMATION SYSTEMS L.L.C.	
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Principal Place of Business 3100 WEST S.R. 84, BAY 409 FT LAUDERDALE, FL 33312	Mailing Address 3100 WEST S.R. 84, BAY 409 FT LAUDERDALE, FL 33312
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03222005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1101121	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent RUTLEDGE, GARY R 215 S. MONROE ST., STE. 420 TALLAHASSEE, FL 32301-1841

DO NOT WRITE 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. I am 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 reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUTLEDGE, GARY R 215 S MONROE ST., STE 420 TALLAHASSEE, FL 323011841
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARDIN, DANIEL L 3100 W S.R. 84, BAY 409 FT LAUDERDALE, FL 33312
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<p>U000000318899 04/20/05-80076-018 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **3/28/05** **(954) 587-9007**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #