

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90062 001 ****50.00

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1st Entity Name
FLORIDA STREET INFORMATION SYSTEMS L.L.C.



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**

**2987 CENTERPORT CIRCLE #3
POMPANO BEACH, FL 33064**

100000100



01192006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1101121	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

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	RUTLEDGE, GARY R
STREET ADDRESS	215 S MONROE ST., STE 420
CITY-ST-ZIP	TALLAHASSEE, FL 323011841

TITLE	MGRM
NAME	HARDIN, DANIEL L
STREET ADDRESS	3100 W.S.R. 84, BAY 409
CITY-ST-ZIP	FT LAUDERDALE, FL 33312

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 _____

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

Date

Daytime Phone #

4/11/06 (954) 788-4747