


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000006777 1. Entity Name NEW OFFICE BUSINESS SYSTEMS, LLC	
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Principal Place of Business 569 NORTH COUNTRY CLUB DRIVE ATLANTIS, FL 33462	Mailing Address 317 RIVEREDGE BOULEVARD COCOA, FL 32922
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04252005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1118071	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 FOLEY, PATRICK J 569 NORTH COUNTRY CLUB DRIVE ATLANTIS, FL 33462
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**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 rechartering) DATE _____

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

1100000346176
04/30/05-80064-013 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LONG, DONALD J 520 JILLOTUS ST MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FOLEY, PATRICK J 569 N COUNTRY CLUB DR ATLANTIS, FL 33462
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IN THIS SPACE**

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: Donald J. Long **4-26-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SINGING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #