

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000006873

FILED  
Jul 04, 2005  
Secretary of State

Entity Name: PUBSTECH LLC

**Current Principal Place of Business:**

398 LAKE INDIAN HILLS DR  
CARBONDALE, IL 62902

**New Principal Place of Business:**

**Current Mailing Address:**

398 LAKE INDIAN HILLS DR  
CARBONDALE, IL 62902

**New Mailing Address:**

FEI Number: 59-3718628      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MORRELL, GUY  
17370 NW 32 AVE  
NEWBERRY, FL 32669      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM      ( ) Delete  
Name: WATSON, DENNIS G  
Address: 398 LAKE INDIAN HILLS DR  
City-St-Zip: CARBONDALE, IL 62902

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM      ( ) Delete  
Name: WATSON, MARVA J  
Address: 398 LAKE INDIAN HILLS DR  
City-St-Zip: CARBONDALE, IL 62902

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DENNIS G. WATSON

MGRM

07/04/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date