2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 22, 2004 08:00 AM Secretary of State

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1. Entity Name

MUNICIPAL ASSET SOFTWARE SYSTEMS, L.L.C.



Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3960 RCA BLVD.,

SUITE 6002

PALM BEACH GARDENS, FL 33410

3960 RCA BLVD., Suite 6002

PALM BEACH GARDENS, FL 33410



01202004 No Chg-LLC

CR2E083 (10/03)

4.	FEI Number						
	65-11155	41					

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of changions of registered agent	ing its registered	office or registered agent, or both, it	n the State of Florida. I am familiar with, and accept			
SIGNATURE.	SIGNATURE Signature Typed or printed natine of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating). DATE						
Fi	iling Fee is \$50.00 ue by May 1, 2004						
9,	MANAGING MEMBERS/MANAGERS						
TITLE NAME STREET ADDRESS CITY: ST-ZIP	MGRM CAPITAL ASSET HOLDINGS, LTD. 3950 RCA BLVD. SUITE 5001 PALM BEACH GARDENS, FL 33410		1	000000125750 04/23/04-80006-020 50.00			
TITLE NAME STREET ADDRESS CITY ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO 1	IOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN TI	HIS SPACE			
NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADORESS							

11. Thereby 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 hability company or the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes

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