


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90015 042 ****50.00

DOCUMENT # L01000010680 1. Entity Name DIGITALCOMPS, LLC	
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Principal Place of Business 824 NORTH HIGHLAND AVE. ORLANDO, FL 32803	Mailing Address 824 NORTH HIGHLAND AVE. ORLANDO, FL 32803
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DO NOT WRITE IN THIS SPACE



03222005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 04-3620630	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

CARPENTER, WALTER N JR.
824 NORTH HIGHLAND AVE.
ORLANDO, FL 32803

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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 reissuing) DATE

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARPENTER, WALTER N JR. 824 NORTH HIGHLAND AVE. ORLANDO, FL 32803
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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)(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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **4/21/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #