

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jan 04, 2006  
Secretary of State**

DOCUMENT# L01000012141

Entity Name: SALES FORCE SYSTEMS, L.L.C.

**Current Principal Place of Business:**

7790 S.W. 145TH ST.  
MIAMI, FL 33158

**New Principal Place of Business:**

**Current Mailing Address:**

7790 S.W. 145TH ST.  
MIAMI, FL 33158

**New Mailing Address:**

FEI Number: 65-1132546      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MULLER, CHARLES E II  
7385 GALLOWAY ROAD, SUITE 200  
MIAMI, FL 33173 US

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

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:**

Title: MGR ( ) Delete  
Name: HOFFMAN, ALLEN D  
Address: 14790 SW 154 ST  
City-St-Zip: MIAMI, FL 331589

Title: MGR ( ) Delete  
Name: HOFFMAN, NANCY  
Address: 7790 SW 145 ST  
City-St-Zip: MIAMI, FL 33158

**ADDITIONS/CHANGES:**

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

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 Chapter 119, 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: ALLEN D. HOFFMAN

P

01/04/2006

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