

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000012495

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: OPERATIONAL COMPLIANCE SERVICES LLC

**Current Principal Place of Business:**

4236 SE COVE LAKE CIRCLE  
#203  
STUART, FL 34997

**New Principal Place of Business:**

**Current Mailing Address:**

4236 SE COVE LAKE CIRCLE  
#203  
STUART, FL 34997

**New Mailing Address:**

P.O. BOX 3116  
STUART, FL 34995

FEI Number: 65-1128026

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CZIZEK, ANNE C  
4236 SE COVE LAKE CIRCLE  
#203  
STUART, FL 34997 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: ALVES, ADAM  
Address: 72 CANAL DRIVE  
City-St-Zip: BELCHERTOWN, MA 01007

Title: MGRM ( ) Delete  
Name: CZIZEK, ANNE C  
Address: 4236 SE COVE LAKE CIR #203  
City-St-Zip: STUART, FL 34997

**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 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: ANNE C. CZIZEK

PRES

04/30/2004

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