

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000012495

FILED
Apr 29, 2005
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:

P.O. BOX 3116
STUART, FL 34995

Current Mailing Address:

P.O. BOX 3116
STUART, FL 34995

New Mailing Address:

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:

CZIZEK, ANNE C
39 S.W. MONTEREY RD.
STUART, FL 34994 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:

04/29/2005

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: MGRM (X) Change () Addition
Name: CZIZEK, ANNE C
Address: P.O. BOX 3116
City-St-Zip: STUART, FL 34995

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

MGRM

04/29/2005

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