

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90356 043 ****50.00

DOCUMENT # L01000015382

1. Entity Name
FP SOFTWARE INTERNATIONAL, LLC



Principal Place of Business

2541 BAY LEAF DRIVE
ORLANDO, FL 32837 US

Mailing Address

2541 BAY LEAF DRIVE
ORLANDO, FL 32837 US

24050458

2. Principal Place of Business

8404 Lake Amhurst Trail

Suite, Apt. #, etc.

3. Mailing Address

8404 Lake Amhurst Trail

Suite, Apt. #, etc.

03202004 Chg-LLC CR2E083 (10/03)



City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

59-3749454

Applied For

Not Applicable

Zip

32829

Country

US

Zip

32829

Country

US

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KLINE, RONALD R
2541 BAY LEAF DRIVE
ORLANDO, FL 32837

Name

MALEE KLINE

Street Address (P.O. Box Number is Not Acceptable)

8404 Lake Amhurst Trail

City

ORLANDO

FL

Zip Code

32829

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]

MALEE KLINE

4/13/04

Signature of or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME KLINE, RONALD R
STREET ADDRESS 2541 BAY LEAF DRIVE
CITY-ST-ZIP ORLANDO, FL 32837 ☐ Delete

TITLE MGR
NAME KARAGUESIAN, JACK
STREET ADDRESS 8900 COLLINS AVE., UNIT 304
CITY-ST-ZIP SURFSIDE, FL 44154 ☒ Delete

TITLE MGR
NAME EMBREE, DIANE
STREET ADDRESS 542 TRADEWINDS DRIVE
CITY-ST-ZIP DELTONA, FL 32738 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
8404 Lake Amhurst trail
ORLANDO, FL 32829

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MGR
NAME KLINE, MALEE
STREET ADDRESS 8404 LAKE AMHURST TRAIL
CITY-ST-ZIP ORLANDO, FL 32829 ☐ Change ☒ Addition

TITLE MGR
NAME HOLLAND, ERIC
STREET ADDRESS 8404 LAKE AMHURST TRAIL
CITY-ST-ZIP ORLANDO, FL 32829 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *[Signature]* MALEE KLINE

4/13/04

(407) 243-9362

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

Date

Daytime Phone #