

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000018053

FILED
Apr 13, 2004
Secretary of State

Entity Name: IDENTIFICATION SERVICES L.L.C.

Current Principal Place of Business:

P.O. BOX 3811
TALLAHASSEE, FL 32315

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3811
TALLAHASSEE, FL 32315

New Mailing Address:

FEI Number: 59-3753751

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MYERS, DEBRA J
1765 COPPERFIELD CIRCLE
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

MYERS, DEBRA J
4028 LOGANS RUN
TALLAHASSEE, FL 32309 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:

04/13/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: MYERS, DAVID C PRES
Address: PO BOX 3811
City-St-Zip: TALLAHASSEE, FL 32315

Title: MGRM () Delete
Name: MYERS, DEBRA J VP
Address: PO BOX 3811
City-St-Zip: TALLAHASSEE, FL 32315

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MYERS, DEBRA J PRES
Address: PO BOX 3811
City-St-Zip: TALLAHASSEE, FL 32315

Title: MGRM (X) Change () Addition
Name: MYERS, D VP
Address: PO BOX 3811
City-St-Zip: TALLAHASSEE, FL 32315

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: DEBRA J MYERS

PRES

04/13/2004

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