

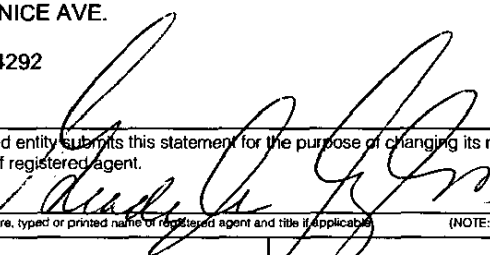
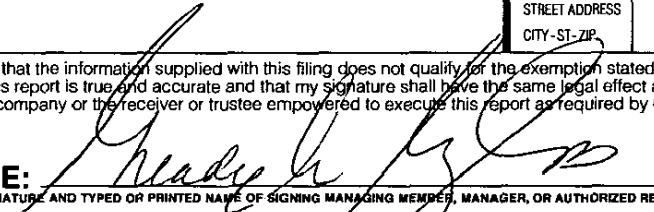


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90122 021 ****50.00

DOCUMENT # L01000021561					
1. Entity Name EMPULSE SERVICES LLC					
Principal Place of Business 101 WEST VENIE AVE. SUITE 10 VENICE, FL 34285			Mailing Address 101 WEST VENIE AVE. SUITE 10 VENICE, FL 34285		
2. Principal Place of Business 101 West Venice Ave.		3. Mailing Address 101 West Venice Ave.			
Suite, Apt. #, etc. Suite 10		Suite, Apt. #, etc. Suite 10		04212004 Chg-LLC CR2E083 (10/03)	
City & State Venice, FL		City & State Venice, FL		4. FEI Number 22-3848269	
Zip 34285		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HORLICK, MICHAEL D 1314 EAST VENICE AVE. SUITE D VENICE, FL 34292			7. Name and Address of New Registered Agent Name: Gladys R. Gette Hartley Street Address (P.O. Box Number is Not Acceptable): 101 West Venice Ave. Suite 10 City: Venice, FL Zip Code: 34285		
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:  DATE: 4/23/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARTLEY, MICHAEL T 101 W VENICE AVE STE 10 VENICE, FL 34285	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TRAMMELL, THOMAS B 101 W VENICE AVE STE 10 VENICE, FL 34285	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR [Blank] [Blank] [Blank]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. Manager Gladys R. Gette Hartley 101 W. Venice Ave. STE 10 Venice, FL 34285 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR [Blank] [Blank] [Blank]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR [Blank] [Blank] [Blank]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR [Blank] [Blank] [Blank]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 				Date: 4/27/04 Daytime Phone #: 941-485-8220	