

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000002289

1. Entity Name
SOFTWARE BUSINESS TOOLS, LLC



Principal Place of Business
2900 N. ATLANTIC AVE. SUITE 1101
DAYTONA BEACH, FL 32118

Mailing Address
2900 N. ATLANTIC AVE. SUITE 1101
DAYTONA BEACH, FL 32118



04102005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional
Fee Required

5. Name and Address of Current Registered Agent

HOWELL, RONALD L
2900 N. ATLANTIC AVE. SUITE 1101
DAYTONA BEACH, FL 32118

**DO NOT WRITE
IN THIS SPACE**

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, typed 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, 2005**

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|----------------------------------|
| TITLE | MGRM |
| NAME | HOWELL, RONALD L |
| STREET ADDRESS | 2900 N. ATLANTIC AVE. SUITE 1101 |
| CITY- ST- ZIP | DAYTONA BEACH, FL 32118 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
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| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

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04/19/05-80033-014 55.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Ronald L Howell RONALD L HOWELL

4/11/05 (386) 672 6156

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

Date

Daytime Phone #