

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000006792

FILED  
May 01, 2006  
Secretary of State

**Entity Name:** BOTTOM-LINE INTERNATIONAL LIMITED COMPANY

**Current Principal Place of Business:**

122 HOLLY HOCK DR  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 150549  
ALTAMONTE SPRINGS, FL 327150549

**New Mailing Address:**

**FEI Number:** 81-0555239      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MOSS, NORMAN S  
4781 S. ORANGE AVENUE  
ORLANDO, FL 32806 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KIMERIA, CHARLES M  
Address: 122 HOLLY HOCK DR  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: MGR ( ) Delete  
Name: KIMERIA, BODDIE M MR  
Address: 122 HOLLYHOCK DR  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: CHARLES KIMERIA

MGRM

05/01/2006

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