


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 30, 2005 08:00 AM**  
**Secretary of State**

|  |   |
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| <b>DOCUMENT # L02000010663</b><br>1. Entity Name<br>CHILD SUPPORT INNOVATIONS, LLC |  |
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| Principal Place of Business<br>716 MILL TRAIL COURT<br>PONTE VEDRA BEACH, FL 32082 | Mailing Address<br>716 MILL TRAIL COURT<br>PONTE VEDRA BEACH, FL 32082 |
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04282005No Chg-LLC

CR2E083 (10/03)

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|-----------------------------|-------------------------------|
| 4. FEI Number<br>01-0668319 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|   |  |
|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional<br>Fee Required |
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| 6. Name and Address of Current Registered Agent<br><br>STONE-SMITH, PATRICIA<br>716 MILL TRAIL CT<br>PONTE VEDRA BEACH, FL 32082 |
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
Due by May 1, 2005**

| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>SMITH-STONE, PATRICIA<br>716 MILL TRAIL CT<br>PONTE VEDRA BEACH, FL 32082 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>PESTOTNIK, JOHN<br>5837 NORTHVIEW DR<br>WEST DES MOINES, IA 50266        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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05/02/05-80085-015 50.00

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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:**  **4/29/05** **904-280-7711**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #