

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000012602

FILED
May 03, 2004
Secretary of State

Entity Name: ATM FINANCIAL SYSTEMS, LLC

Current Principal Place of Business:

91 CAYMAN COVE
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

91 CAYMAN COVE
DESTIN, FL 32541

New Mailing Address:

FEI Number: 48-1260858

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KILPATRICK, WILLIAM G JR
1201 EGLIN PARKWAY
SHALIMAR, FL 32579 US

Name and Address of New Registered Agent:

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/MEMBERS:

Title: P () Delete
Name: BURNS, DANIEL
Address: 91 CAYMAN COVE
City-St-Zip: DESTIN, FL 32541

Title: C () Delete
Name: BURNS, LINDA
Address: 91 CAYMAN COVE
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BURNS, DANIEL
Address: 91 CAYMAN COVE
City-St-Zip: DESTIN, FL 32541

Title: MGRM (X) Change () Addition
Name: BURNS, LINDA
Address: 91 CAYMAN COVE
City-St-Zip: DESTIN, FL 32541

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: DANIEL BURNS

MGR

05/03/2004

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