

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000021106

FILED
May 13, 2004
Secretary of State

Entity Name: ONSITE COMPUTER SYSTEMS LLC

Current Principal Place of Business:

3512 DEL PRADO BLVD
SUITE 111
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

3512 DEL PRADO BLVD
SUITE 111
CAPE CORAL, FL 33904

New Mailing Address:

FEI Number: 13-4208500

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORSE, JUSTIN
3724 S.W. 11TH CT
CAPE CORAL, FL 33914 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: MGR () Delete
Name: MORSE, JUSTIN
Address: 3724 S.W. 11TH CT
City-St-Zip: CAPE CORAL, FL 33914

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Name: MORSE, JUSTIN
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Title: MGR () Delete
Name: MORSE, JUSTIN
Address: 3724 S. W. 11TH CT
City-St-Zip: CAPE CORAL, FL 33914

Title: MGR () Delete
Name: MORSE, RYAN
Address: 3724 S.W. 11TH CT
City-St-Zip: CAPE CORAL, FL 33914

Title: MGR () Delete
Name: MORSE, JUSTIN
Address: 3724 S.W. 11TH CT
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES:

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

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

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

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

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 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: JUSTIN MORSE

MGR

05/13/2004

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