


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 11, 2004 8:00 am
Secretary of State

08-11-2004 90087 022 ****50.00

DOCUMENT # L02000027959	
1. Entity Name STRATEGIC BUSINESS SERVICES, L.L.C.	

Principal Place of Business 1250 W. EAU GALLIE BOULEVARD, SUITE K MELBOURNE, FL 32935	Mailing Address 1250 W. EAU GALLIE BOULEVARD, SUITE K MELBOURNE, FL 32935
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24073552

2. Principal Place of Business	3. Mailing Address Po Box 33937
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State Indianapolis, FL
Zip	Zip 32903
Country	Country US



01082004 Chg-LLC CR2E083 (10/03)

4. FEI Number 81-0577191	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent JONES, RICHARD O 1250 W. EAU GALLIE BOULEVARD, SUITE K MELBOURNE, FL 32935	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: _____

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONES, RICHARD O 1250 W. EAU GALLIE BOULEVARD, SUITE K MELBOURNE, FL 32935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(i), 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: 	Date: 5/9/04	Daytime Phone #: (321) 253-3400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		