


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
05 FEB 10 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000027959 1. Entity Name STRATEGIC BUSINESS SERVICES, L.L.C.	
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Principal Place of Business 1250 W. EAU GALLIE BOULEVARD, SUITE K MELBOURNE, FL 32935	Mailing Address P.O. BOX 33937 INDIALANTIC, FL 32903
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DO NOT WRITE IN THIS SPACE

01062005No 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

**DO NOT WRITE
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 _____

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

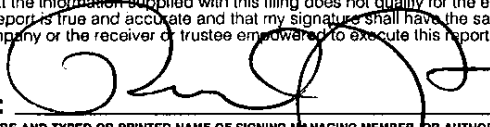
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JONES, RICHARD O 1250 W. EAU GALLIE BOULEVARD, SUITE K MELBOURNE, FL 32935
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02/22/05--01008--002 **850.00

**DO NOT WRITE
IN THIS SPACE**

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:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #