2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DOCUMENT # L02000028084  1. Ensity Name SE OFFICE SYSTEMS, L.L.C.			6	Feb 26, 2004 08:00 AM Secretary of State
Principal Pla	ce of Business	Mailing Address		
ì	125TH STREET ROAD	6051 N.W. 125TH STE REDDICK FL 32686	REET ROAD	
2. Principal i	Place of Business	3. Mailing Address	<u> </u>	
Suite, Apt. #. etc.				
Suite, Apt	. #. etc.	Suite, Apt #, etc.		MOORE CR2E083 (11/03)
City & State		City & State		4. FEI Number 02-0651893 Applied For Not Applicat
Zip	Gountry	Zip	Country	5. Certificate of Status Desired S5.00 Additional Fee Required
	6. Name and Address of Current 6	legistered Agent		7. Name and Address of New Registered Agent
C 4.	VED EDED D		Name	
138	YER, FRED R 13 FORKED CREEK DRIVE GLEWOOD FL 34223		Street Addres	s (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
8. The above the obliga	e named entity submits this statement for trons of registered agent.	the porpose of changing its	registered office or regis	tered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, type or printed name of registered eigent et	nd Miles applicable 1940T	E. Registered Agent signstore requi	2-24-200+
		Make Check Payab Du	OW!!! FEE IS \$50.00 le to Florida Departm e By May 1, 2004	
9.	MANAGING MEMBER	<del></del>	10.	ADDITIONS/CHANGES
NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHAINHOLZ, CHERYL M 6051 N.W. 125TH STREET ROAD REDDICK FL 32686	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZP	☐ Change ☐ Addin UODOOO067657 02/27/04-80008-022 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GAYER, FRED R 1383 FORKED CREEK DRIVE ENGLEWOOD FL 34223	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Datete	THILE HAME STREET ADDRESS CHY-SI-2IP	☐ Change ☐ Addille
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
THLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Detete	THE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby a indicated limited lia	certify that the information supplied with to on this report is true and accurate and it bility company or the receiver or trustee	his filing does not qualify for hat my signeture shall have empowered to execute this	the exemption stated in State	Section 119.07(3)(i), Florida Statutes, I further certify that the information i made under oath; that I am a managing member or manager of the apter 608, Florida Statutes.

FILED