

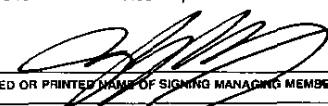


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 11, 2004 8:00 am**  
**Secretary of State**

05-11-2004 90002 020 \*\*\*\*50.00

<b>DOCUMENT # L02000030923</b> 1. Entity Name <b>CVW SYSTEMS, LLC</b>					
Principal Place of Business <b>2933 WEST STATE ROAD 434, SUITE 131 LONGWOOD, FL 32779</b>				Mailing Address <b>2933 WEST STATE ROAD 434, SUITE 131 LONGWOOD, FL 32779</b>	
2. Principal Place of Business <b>6000 MetroWest Blvd Suite 105 Orlando FL 32835</b>		3. Mailing Address <b>6000 MetroWest Blvd Suite 105 Orlando FL 32835</b>			
City & State <b>Orlando FL</b>		City & State <b>Orlando FL</b>		04302004 Chg-LLC CR2E083 (10/03)	
Zip <b>32835</b>		Zip <b>32835</b>		4. FEI Number <b>75-3090525</b>	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TATICH, PHILIP 341 NORTH MAITLAND AVENUE, SUITE 340 MAITLAND, FL 32751</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KANTOR, JOSEPH 2933 W. ST 434 ST 131 LONGWOOD, FL 32779		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6000 MetroWest Blvd Suite 105 Orlando FL 32835</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZIO, MOSHE 2933 W. ST 434 ST 131 LONGWOOD, FL 32779		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Ziv Moshe 6000 MetroWest Blvd Suite 105 Orlando FL 32835</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 606, Florida Statutes.					
<b>SIGNATURE:</b>  <b>Joseph Kantor Managing Member</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____					