

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000032818	
1. Entity Name DEMAN DATA SYSTEMS, LLC	
Principal Place of Business 2150 WHITFIELD INDUSTRIAL WAY SARASOTA, FL 34243	Mailing Address 2150 WHITFIELD INDUSTRIAL WAY SARASOTA, FL 34243



01252005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 05-0547086	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CAPITAL CONNECTION, INC. 417 E. VIRGINIA ST. STE. 1 TALLAHASSEE, FL 32301-1283	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating) DATE

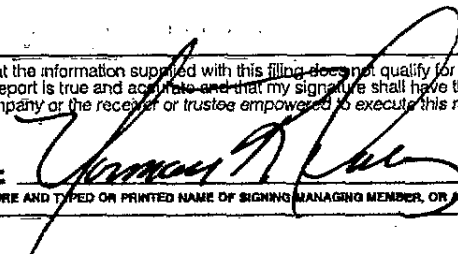
**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FLORIDA SOFTWARE SYSTEMS, INC. 2150 WHITFIELD INDUSTRIAL WAY SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHELSEL, MARC 2150 WHITFIELD INDUSTRIAL WAY SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STCE DOBIESZ, NORMAN R 2150 WHITFIELD INDUSTRIAL WAY SARASOTA, FL 34243
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03/18/05-80054-U01 50.00

**DO NOT WRITE
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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)(f), 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:  **03/16/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #