


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000032933 1. Entity Name NATIONAL INFORMATION AGENCY, LLC	
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Principal Place of Business 4700 SHERIDAN STREET, BUILDING J HOLLYWOOD, FL 33021	Mailing Address 4700 SHERIDAN STREET, BUILDING J HOLLYWOOD, FL 33021
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DO NOT WRITE IN THIS SPACE



03192004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 41-2102425	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent NATELSON, GERALD B 4700 SHERIDAN STREET, BUILDING J HOLLYWOOD, FL 33021

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE


**Filing Fee is \$50.00
Due by May 1, 2004**

000000119256
04/19/04-80094-002 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NATELSON, GERALD B 4700 SHERIDAN STREET, BUILDING J HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KALINA, RICHARD L 4700 SHERIDAN STREET, BUILDING J HOLLYWOOD, FL 33021
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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:  **GERALD NATELSON** 4-15-04 954.8 964-8480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #