


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**


05-04-2005 90046 006 \*\*\*\*50.00

<b>DOCUMENT # L03000003993</b>	
1. Entity Name <b>FINANCIAL &amp; SYSTEMS SOLUTIONS, LLC</b>	

Principal Place of Business <b>8228 TWELVE OAKS CIRCLE #312 NAPLES, FL 34113</b>	Mailing Address <b>8228 TWELVE OAKS CIRCLE #312 NAPLES, FL 34113</b>
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2. Principal Place of Business <b>6705 SLOANE PLACE</b>	3. Mailing Address <b>6705 SLOANE PLACE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>NAPLES, FL</b>	City & State <b>NAPLES FL</b>
Zip <b>34104</b>	Country <b>USA</b>



05022005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>02-0768041</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent	
<b>CORPORATE CREATIONS NETWORK INC. 941 FOURTH STREET MIAMI BEACH, FL 33139</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 September 7, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MURPHY, BARBARA P 8228 TWELVE OAKS CIRCLE #312 NAPLES, FL 34113</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MURPHY, BARBARA P. 6705 SLOANE PLACE NAPLES, FL 34104</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MURPHY, MICHAEL J 8228 TWELVE OAKS CIRCLE #312 NAPLES, FL 34113</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MURPHY, MICHAEL J. 6705 SLOANE PLACE NAPLES, FL 34104</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 608, Florida Statutes.

SIGNATURE: Barbara P Murphy 5/1/05 239-784-6923