

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000004301

FILED
Jul 09, 2006
Secretary of State

Entity Name: BOTTOMLINE SOLUTIONS LLC

Current Principal Place of Business:

10461 WASHINGTONIA PALM WAY
SUITE 3411
FORT MYERS, FL 33912

New Principal Place of Business:

1508 NW 24TH PL
CAPE CORAL, FL 33993

Current Mailing Address:

10461 WASHINGTONIA PALM WAY
SUITE 3411
FORT MYERS, FL 33912

New Mailing Address:

1508 NW 24TH PL
CAPE CORAL, FL 33993

FEI Number: 59-3765676 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MACGREGOR, MICHAEL J
10461 WASHINGTONIA PALM WAY
#3411
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

MACGREGOR, MICHAEL J
1508 NW 24TH PL
CAPE CORAL, FL 33993 US

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.

SIGNATURE:

07/09/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MACGREGOR, MICHAEL J OWNER
Address: 10461 WASHINGTONIA PALM WAY, #3411
City-St-Zip: FORT MYERS, FL 33912 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MACGREGOR, MICHAEL J OWNER
Address: 1508 NW 24TH PL
City-St-Zip: CAPE CORAL, FL 33993 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL J. MACGREGOR

MGR

07/09/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date