2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# L03000014466

Entity Name: RESULTS CUSTOMER SOLUTIONS, LLC

Current Principal Place of Business:

499 SHERIDAN STREET
4TH FLOOR
DANIA, FL 33004

New Principal Place of Business:

Current Mailing Address:

499 SHERIDAN STREET
4TH FLOOR
DANIA, FL 33004

New Mailing Address:

FEI Number: 02-0690151 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ROBERT M. MAYER & ASSOCIATES, INC.
1320 S. DIXIE HWY., STE. 811
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title:	MGR	( ) Delete
Name:	MEARES, GREGORY	
Address:	499 E SHERIDAN ST, 4TH FLOOR	
City-St-Zip:	DANIA, FL 33004	
Title:	MGR	( ) Delete
Name:	RAPP, ROBERT	
Address:	499 E SHERIDAN ST, 4TH FLOOR	
City-St-Zip:	DANIA, FL 33004	
Title:	MGRM	( ) Delete
Name:	MATERA, EDWARD	
Address:	499 E SHERIDAN ST, 4TH FLOOR	
City-St-Zip:	DANIA, FL 33004	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: EDWARD MATERA MGRM 04/28/2005

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