# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jun 28, 2005**
**Secretary of State**

DOCUMENT# L03000016328

**Entity Name:** APPLIED BUSINESS MANAGEMENT SOLUTIONS,INC (ABMSI) LLC

**Current Principal Place of Business:**

201 STONEBRIDGE DRIVE
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

201 STONEBRIDGE DRIVE
LONGWOOD, FL 32779

**New Mailing Address:**

**FEI Number: 32-0084839** **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:**

MCGLOCKTON, WILLIAM H
201 STONEBRIDGE DRIVE
LONGWOOD, FL 32779 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/MANAGERS:**

Title: MGRM ( ) Delete
Name: MCGLOCKTON, WILLIAM H
Address: 201 STONEBRIDGE DRIVE
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM ( ) Delete
Name: MCGLOCKTON, LUTRELLE W
Address: 201 STONEBRIDGE DRIVE
City-St-Zip: LONGWOOD, FL 32779

**ADDITIONS/CHANGES:**

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: WILLIAM H MCGLOCKTON MGRM 06/28/2005

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