


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90012 014 \*\*\*\*50.00

|   |                                 |  |   |  |  |
|---|---------------------------------|--|---|--|--|
| <b>DOCUMENT # L03000016801</b><br>1. Entity Name<br><b>GOVERNMENTAL STRATEGIES, LLC</b>   |                                 |  |   |   |  |
| Principal Place of Business<br><b>728 EAST SIXTH AVENUE<br/>TALLAHASSEE, FL 32303</b>   |                                 |  | Mailing Address<br><b>728 EAST SIXTH AVENUE<br/>TALLAHASSEE, FL 32303</b>             |  |  |
| 2. Principal Place of Business  |                                 | 3. Mailing Address   |   |  |  |
| Suite, Apt. #, etc.   |                                 | Suite, Apt. #, etc.  |   |  |  |
| City & State  |                                 | City & State   |   |  |  |
| Zip   | Country                         | Zip  | Country   | 04302004 Chg-LLC CR2E083 (10/03)<br>4. FEI Number <b>56-2353702</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required  |                                 |  |   |  |  |
| 6. Name and Address of Current Registered Agent   |                                 |  | 7. Name and Address of New Registered Agent   |  |  |
| <b>RUSSO, R. VINCENT ESQ.<br/>728 EAST SIXTH AVENUE<br/>TALLAHASSEE, FL 32303</b>   |                                 |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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<br/>Due by May 1, 2004</b>   |                                 | <b>Make check payable to<br/>Florida Department of State</b> |   |  |  |
| 9. MANAGING MEMBERS/MANAGERS  |                                 |  | 10. ADDITIONS/CHANGES   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change   | <input checked="" type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition  |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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. |                                 |  |   |  |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |                                 |  | <b>4/30/04</b> <b>(850)224-4215</b><br><small>Date Daytime Phone #</small>            |  |  |