2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2004
Secretary of State

DOCUMENT# L03000031887

Entity Name: INVESTMENT RECOVERY SYSTEMS, LLC

Current Principal Place of Business:

3819 IROQUOIS DRIVE
SARASOTA, FL 34234

New Principal Place of Business:

Current Mailing Address:

3819 IROQUOIS DRIVE
SARASOTA, FL 34234

New Mailing Address:

POST OFFICE BOX 52264
SARASOTA, FL 34232

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

Name and Address of Current Registered Agent:

CLAUSE, BETH L
3819 IROQUOIS DRIVE
SARASOTA, FL FL US

Name and Address of New Registered Agent:

KORNICK, SCOTT M
3819 IROQUOIS DRIVE
SARASOTA, FL 34234 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: SCOTT M. KORNICK 04/01/2004
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: KORNICK, SCOTT M
Address: 3819 IROQUOIS DRIVE
City-St-Zip: SARASOTA, FL 34234 US

Title: MGRM ( ) Change (X) Addition
Name: CLAUSE, BETH L
Address: 3819 IROQUOIS DRIVE
City-St-Zip: SARASOTA, FL 34234 US

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: SCOTT M. KORNICK MGRM 04/01/2004
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date