

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000035935

FILED  
Feb 19, 2004  
Secretary of State

Entity Name: ACTIVESOFT LLC

**Current Principal Place of Business:**

1394 DUNLAWTON AVE  
1004  
PORT ORANGE, FL 32127 US

**New Principal Place of Business:**

**Current Mailing Address:**

1394 DUNLAWTON AVE  
1004  
PORT ORANGE, FL 32127 US

**New Mailing Address:**

FEI Number: 20-0248622

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BREEDEN, STEVE D  
1394 DUNLAWTON AVE  
1004  
PORT ORANGE, FL 32127 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: MGRM ( ) Delete  
Name: BREEDEN, STEVE D  
Address: 1394 DUNLAWTON AVE  
City-St-Zip: 1004, FL 32127 US

Title: MGRM ( ) Delete  
Name: WARREN, BREEDEN S  
Address: 1394 DUNLAWTON AVE  
City-St-Zip: 1004, FL 32127 US

Title: MGRM ( ) Delete  
Name: JORDAN, RITCHIE A  
Address: 4781 BRIARGROVE DR.  
City-St-Zip: GROVEPORT, OH 43125 OH

**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: RITCHIE A JORDAN

MGRM

02/19/2004

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