


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90557 031 \*\*\*\*\*50.00

**DOCUMENT # L03000037999**


1. Entity Name  
**RPC COMPUTERS, LLC**



Principal Place of Business      Mailing Address  
**8317 HAMDEN ROAD WEST**      **8317 HAMDEN ROAD WEST**  
**JACKSONVILLE, FL 32244 US**      **JACKSONVILLE, FL 32244 US**

2. Principal Place of Business      3. Mailing Address  
**195-B Blanding Blvd**      **195-B Blanding Blvd**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Orange Park, FL**      **Orange Park, FL**  
 Zip      Country      Zip      Country  
**32073**      **Clay**      **32073**      **Clay**



03262004      Chg-LLC      CR2E083 (10/03)

4. FEI Number      Applied For  
**54-2132457**      Not Applicable

5. Certificate of Status Desired            \$5.00 Additional Fee Required


6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

Name **Robert Conrad**  
 Street Address (P.O. Box Number is Not Acceptable)  
**195-B Blanding Blvd.**  
 City **Orange Park**      **FL**      Zip Code **32073**

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  **Robert P. Conrad, Mgr**      **March 27, 2004**  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2004**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>CONRAD, ROBERT P</b> <b>8317 HAMDEN ROAD WEST</b> <b>JACKSONVILLE, FL 32244</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>PALMER, KELLY E</b> <b>8317 HAMDEN ROAD WEST</b> <b>JACKSONVILLE, FL 32244</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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.

SIGNATURE:  **Kelly E. Palmer, Mgr**      **3/27/04**      **904-537-4343**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #