



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90028 030 ****50.00

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| DOCUMENT # L03000040390 | | | |  | |
| 1. Entity Name PRODUCTION, SYSTEMS AND DESIGN LLC | | | | | |
| Principal Place of Business 181 RIVER PARK BLVD. TITUSVILLE, FL 32780 US | | | Mailing Address 181 RIVER PARK BLVD. TITUSVILLE, FL 32780 US | | |
| 2. Principal Place of Business 7636 US 1 HWY S Suite, Apt. #, etc. Titusville Fla City & State | | 3. Mailing Address Suite, Apt. #, etc. City & State | |  | |
| Zip 32780 Country US | | Zip Country | | 04092004 Chg-LLC CR2E083 (10/03) | |
| 4. FEI Number 90-0116074 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | 6. Name and Address of Current Registered Agent ROBINSON, COREY -- 181 RIVER PARK BLVD. TITUSVILLE, FL 32780 | |
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <i>Corey Robinson</i> DATE 4/9/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | |
| 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 | President Corey Robinson 181 River Park Blvd Titusville Fla, 32780 <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 | |
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| 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: <i>Corey Robinson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | Date 4/9/04 Daytime Phone # 407-468-3852 | | |