

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000041412

Entity Name: TRU-COST SYSTEMS, LLC

FILED
Jan 05, 2005
Secretary of State

Current Principal Place of Business:

555 W. GRANADA BLVD., SUITE F-11
ORMOND BEACH, FL 32174

Current Mailing Address:

555 W. GRANADA BLVD., SUITE F-11
ORMOND BEACH, FL 32174

New Principal Place of Business:

555 W. GRANADA BLVD.
SUITE F-11
ORMOND BEACH, FL 32174

New Mailing Address:

555 W. GRANADA BLVD.
SUITE F-11
ORMOND BEACH, FL 32174

FEI Number: 51-0494448

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LABBE, MARTIN B
555 W. GRANADA BLVD., SUITE F-11
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

LABBE, MARTIN B
555 W. GRANADA BLVD.
SUITE F-11
ORMOND BEACH, FL 32174 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: MARTIN B. LABBE

01/05/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: LABBE, MARTIN B
Address: 555 W. GRANADA BLVD., SUITE F-11
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGR () Delete
Name: SWAIN, DUFF
Address: 203 N. HEMPSTEAD ROAD
City-St-Zip: WESTERVILLE, OH 43081

Title: MGR () Delete
Name: COX, TOM
Address: 14 SYCAMORE CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174

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: MARTIN B. LABBE

MGRM

01/05/2005

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