

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2006 08:00 AM**  
**Secretary of State**

|                                                                           |                                                                                   |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L03000041412</b><br>1. Entity Name<br>TRU-COST SYSTEMS, LLC |  |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                             |                                                                                 |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| Principal Place of Business<br>555 W. GRANADA BLVD.<br>SUITE F-11<br>ORMOND BEACH, FL 32174 | Mailing Address<br>555 W. GRANADA BLVD.<br>SUITE F-11<br>ORMOND BEACH, FL 32174 |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|



02082006 No Chg-LLC

CR2E083 (11/05)

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|                                                           |                                |
|-----------------------------------------------------------|--------------------------------|
| 4. FEI Number<br>51-0494448                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

|                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>LABBE, MARTIN B<br>555 W. GRANADA BLVD.<br>SUITE F-11<br>ORMOND BEACH, FL 32174 |
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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 \_\_\_\_\_  
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, 2006**

| 9. MANAGING MEMBERS/MANAGERS                   |                                                                                       |
|------------------------------------------------|---------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>LABBE, MARTIN B<br>555 W. GRANADA BLVD., SUITE F-11<br>ORMOND BEACH, FL 32174 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>SWAIN, DUFF<br>203 N. HEMPSTEAD ROAD<br>WESTERVILLE, OH 43081                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>COX, TOM<br>14 SYCAMORE CIRCLE<br>ORMOND BEACH, FL 32174                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                       |

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03/18/06-80028-025 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Martin Labbe 3/06/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #