

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

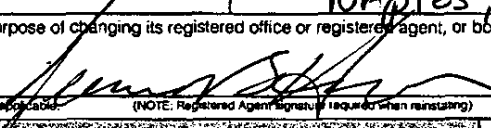
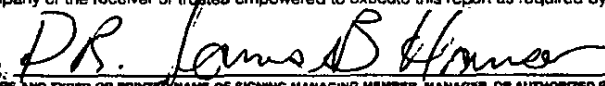
FILED
Aug 27, 2004 8:00 am
Secretary of State

08-02-2004 90117 021 ****55.00

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MOORE CR2E083 (4/04)

DOCUMENT # L03000042262					
1. Entity Name NATIONAL ASSOCIATION OF GOVERNMENT INFORMATION SECURITY PROFESSIONALS, LLC					
Principal Place of Business 5048 CERROMAR DRIVE NAPLES FL 34112			Mailing Address 5048 CERROMAR DRIVE NAPLES FL 34112		
2. Principal Place of Business 5048 CERROMAR DR.			3. Mailing Address 5048 CERROMAR DR.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State NAPLES, FL 34112			City & State NAPLES, FL		
Zip 34112	Country USA	Zip 34112	Country USA	4. FEI Number 65-1208361	
5. Certificate of Status Desired ☒ 5.00 Additional Fee Required				Applied For Not Applicable	
8. Name and Address of Current Registered Agent KEELEY, PETER L ESQ. 5551 RIDGEWOOD DRIVE SUITE 501 NAPLES FL 34108			7. Name and Address of New Registered Agent Name DR. JAMES B. HANSEN Street Address (P.O. Box Number is Not Acceptable) 5048 CERROMAR DR. City NAPLES, FL Zip Code 34112		
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  Aug. 20, 04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature is required when reinstating)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 8, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM STEELE, DOUGLAS S 12550 VILLAGIO WAY FORT MYERS FL 33912 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: 			Date July 30, 04 Daytime Phone # 618-407-7000		