

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000051302

FILED
May 04, 2005
Secretary of State

Entity Name: TECHNOLOGY BYTES COMPUTER SOLUTIONS LLC

Current Principal Place of Business:

P.O. BOX 15625
TAMPA, FL 33684

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 15625
TAMPA, FL 33684

New Mailing Address:

FEI Number: 43-2047838 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BALDWIN, JOSHUA
2409 BUCKNELL DRIVE
VALRICO, FL 33594 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: BALDWIN, JOSHUA P
Address: P.O. BOX 15625
City-St-Zip: TAMPA, FL 33684 US

Title: MGR () Delete
Name: KAUFMAN, KRISTEN L
Address: P.O. BOX 15625
City-St-Zip: TAMPA, FL 33684 US

Title: MGR () Delete
Name: KAUFMAN, STEVE M
Address: P.O. BOX 15625
City-St-Zip: TAMPA, FL 33684 US

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: JOSHUA BALDWIN

MGR

05/04/2005

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