2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 29, 2008
Secretary of State

DOCUMENT# L03000051302

Entity Name: TECHNOLOGY BYTES COMPUTER SOLUTIONS LLC

Current Principal Place of Business:

1897 SE MICCO DR.
PORT ST LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

1897 SE MICCO DR.
PORT ST LUCIE, FL 34952

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:

KAUFMAN, STEPHEN
1897 SE MICCO DR
PORT ST. LUCIE, FL 34952 US

Name and Address of New Registered Agent:

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/MANAGERS:

Title: MGR ( ) Delete
Name: KAUFMAN, KRISTEN L
Address: 1879 SE MICCO DR.
City-St-Zip: PORT ST LUCIE, FL 34952

Title: MGR ( ) Delete
Name: KAUFMAN, STEVE M
Address: 1879 SE MICCO DR.
City-St-Zip: PORT ST LUCIE, FL 33952

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: KAUFMAN, KRISTEN L
Address: 1897 SE MICCO DR.
City-St-Zip: PORT ST LUCIE, FL 34952

Title: MGR (X) Change ( ) Addition
Name: KAUFMAN, STEVE M
Address: 1897 SE MICCO DR.
City-St-Zip: PORT ST LUCIE, FL 34952

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: KRISTEN L. KAUFMAN MGR 05/29/2008

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