

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000052020

FILED  
Apr 29, 2004  
Secretary of State

Entity Name: INTEGRATED SOLUTIONS LLC

## Current Principal Place of Business:

5232 LK. MARGARET DR.  
APT. 705  
ORLANDO, FL 32812 US

## New Principal Place of Business:

595 W. CHRURCH ST.  
APT. 626  
ORLANDO, FL 32805 US

## Current Mailing Address:

5232 LK. MARGARET DR.  
APT. 705  
ORLANDO, FL 32812 US

## New Mailing Address:

595 W. CHRURCH ST.  
APT. 626  
ORLANDO, FL 32805 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEE, KEVIN  
5232 LK. MARGARET DR.  
APT. 705  
ORLANDO, FL 32812 US

## Name and Address of New Registered Agent:

LEE, KEVIN  
595 W. CHRURCH ST.  
APT. 626  
ORLANDO, FL 32805 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: KEVIN LEE

04/29/2004

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: LEE, KEVIN  
Address: 5232 LK. MARGARET DR.  
City-St-Zip: ORLANDO, FL 32819 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: LEE, KEVIN  
Address: 595 W. CHURCH ST.  
City-St-Zip: ORLANDO, FL 32805 US

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: KEVIN LEE

MGRM

04/29/2004

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