
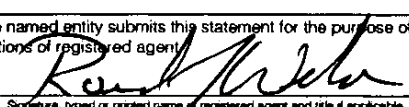
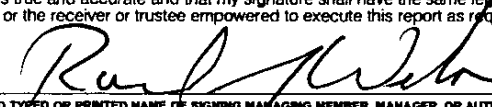


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90078 024 \*\*\*\*55.00

<b>DOCUMENT # L04000038515</b> 1. Entity Name <b>FLORIDA DIGITAL SYSTEMS, LLC</b>					
Principal Place of Business <b>6574 N STATE ROAD 7</b> <b>#150</b> <b>COCONUT CREEK, FL 33073 US</b>			Mailing Address <b>6574 N STATE ROAD 7</b> <b>#150</b> <b>COCONUT CREEK, FL 33073 US</b>		
2. Principal Place of Business - No P.O. Box # <b>6574 N State Road 7</b> Suite, Apt. #, etc. <b># 284</b>		3. Mailing Address <b>6574 N State Road 7</b> Suite, Apt. #, etc. <b># 284</b>			
City & State <b>Coconut Creek FL 33073</b>		City & State <b>Coconut Creek FL 33073</b>			
Zip <b>33073</b> Country <b>USA</b>		Zip <b>33073</b> Country <b>USA</b>			
4. FEI Number <b>20-1250388</b> APPLIED FOR			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required					
6. Name and Address of Current Registered Agent <b>AGNETTI, JOHN</b> <b>909 NORTH MIAMI BEACH BOULEVARD</b> <b>SUITE 201</b> <b>MIAMI, FL 33162</b>			7. Name and Address of New Registered Agent Name <b>Ron Weber</b> Street Address (P.O. Box Number is Not Acceptable) <b>6034 NW 56 Circle</b> City <b>Coral Springs</b> FL Zip Code <b>33067</b>		
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  DATE <b>1/14/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEBER, RON PO BOX 670457 CORAL SPRINGS, FL 33067		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Weber, Ron 6034 NW 56 Circle Coral Springs, FL 33067	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Date <b>1/14/07</b> Daytime Phone # <b>954-263-8709</b>		