2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED Feb 21, 2005 8:00 am Secretary of State

DOCUMENT # L04000044480 1. Entity Name PRODUCER'S SOFTWARE COMPANY, LLC								02-21-2005	•	047 ****50	0.00
Principal Place	e of Business		Mailing Address								
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JACKSONVILLE, FL 32206-2104			155 EAST 21ST STREET JACKSONVILLE, FL 32206-2104					20019	nea		
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						- 1				81911 817 81 1810 88 1	
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01102005	Chg-LLC	CR2E	E083 (10/03)		
City & State		City & State			4. FEI Ngmbe	573002		<u> </u>	plied For t Applicable		
Zip	ip Country		Zip	Country			5. Certificate	of Status Desired		\$5.00 Add Fee Required	
	6. Name ar	nd Address of Current F	legistered Agent		_			Address of New		d Agent	
					Name D	enn'	is D. Fr	ick, Esqu	ire		
RAX CO. 50 NORTH LAURA STREET					Street Ad	Idraec (E	P O Boy Numbe	er is Not Acceptal	ole)		
SUITE 330		KEET			Stieet Au	ioi ess (i	-,O, BOX NUMBE	si is Not Acceptat			
	VILLE, FL 3	32202				155 East 21st Street				····	
				i	City Jac	ckso	nville,		F	L 3220	5
	named entity s		the purpose of changing its	registere				th, in the State of I	Florida. I a	n familiar with,	and accept
ino obligat	100	da D	DENNIS D.	ر بروس	L			7		7 11, 200	10
SIGNATURE .	Signature, typed or p	orinted name of registered agent ar	and title if applicable (NOTE	C Boolston	d Access elegative		when reinstating)		CACA MAR	11,000	<u> </u>
Filing Fee is \$50.00 Due by May 1, 2005			to the it applicable. (140)	-: uežistale	e vilant militaran	e reduved	mon ranacate g)		UATE	:	
			in a special in a	inegisiere	o Agent spream	e reduved				payable to ment of State	9
D:		I, 2005 			o Agent signatur	e reduved	ma, i i sa sauceg)	Flori	da Depart	ment of State	9
9.	ue by May 1	MANAGING MEMBER	RS/MANAGERS	10.		e required		Flori		ment of State	
D:	ue by May 1	MANAGING MEMBER	RS/MANAGERS		E	e required		Flori	da Depart	ment of State	■ Addition
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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: DENNIS D. FRICK TESTUALY 11, 2005 (904) 355-1781
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Destino Proce #