


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90041 018 \*\*\*\*50.00

DOCUMENT # L04000053803					
1. Entity Name SGC COMPUTER FORENSICS, LLC					
Principal Place of Business 11304 BLACKBARK DRIVE RIVERVIEW, FL 33569		Mailing Address 11304 BLACKBARK DRIVE RIVERVIEW, FL 33569			
2. Principal Place of Business 11304 Blackbarck Dr.		3. Mailing Address Same as 2			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Riverview, Florida		City & State		4. FEI Number 20-1401524	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
Zip 33569	Country Hillsborough	Zip	Country	02172005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent NOLAN, MICHAEL J 201 N FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602			7. Name and Address of New Registered Agent Name Sherri G. Luallen Street Address (P.O. Box Number is Not Acceptable) 11304 Blackbark Dr. City Riverview FL Zip Code 33569		
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 <i>Sherri G. Luallen</i> DATE 4/21/05 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	MGRM Sherri G. Luallen 11304 blackbark Dr. Riverview, FL 33569	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	MGRM Craig F. Luallen 11304 Blackbark Dr. Riverview, FL 33569	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	MGRM George D. Nelson 3003 summer House Dr. Valrico, FL 33594	
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 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: <i>Sherri G. Luallen</i>			Date 4/21/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		