

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000061298

FILED  
Jul 26, 2005  
Secretary of State

**Entity Name:** APPLICATION DEVELOPMENT SOLUTIONS, LLC.

**Current Principal Place of Business:**

3601 CYPRESS GARDENS ROAD  
SUITE G  
WINTER HAVEN, FL 33884 US

**New Principal Place of Business:**

**Current Mailing Address:**

3601 CYPRESS GARDENS ROAD  
SUITE G  
WINTER HAVEN, FL 33884 US

**New Mailing Address:**

**FEI Number:** 34-2016761      **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:**

**Name and Address of New Registered Agent:**

BARRERA, JORGE A  
3601 CYPRESS GARDENS ROAD  
SUITE G  
WINTER HAVEN, FL 33884 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM      ( ) Delete  
**Name:** BARRERA, JORGE A  
**Address:** 1520 STOKES ROAD  
**City-St-Zip:** LAKE WALES, FL 33898 US

**ADDITIONS/CHANGES:**

**Title:** MGRM      (X) Change      ( ) Addition  
**Name:** BARRERA, JORGE A  
**Address:** 1021 WEST LAKE ELOISE TERRACE  
**City-St-Zip:** WINTER HAVEN, FL 33884 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: JORGE A BARRERA

MGRM

07/26/2005

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