2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 18, 2005 8:00 am Secretary of State

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DOCUMENT # L04000077964 1. Entity Name M-NIX SYSTEMS OF BROWARD COUNTY, LLC							_	041 ****50	0.00
Principal Place	e of Business	Mailing Address		1	1	- 5 74	T U		
5013 DAVIS NORTH RICH	BLVD. Land Hills, TX 76180	5013 DAVIS BLVD. NORTH RICHLAND HILLS	, TX 76180			. 		rawia lwite will 4:5	88; III. 1 89)
2. Principal Place of Business H131 SW 47+h Ave		3. Mailing Address Same as above				 			
Suite, Apt. #, etc. Suite 1406		Suite, Apt. #, etc.				Chg-LLC	CR2I	E083 (10/03)	
City & State	<i>-</i> ,	City & State			4. FEI Number 20-1	8176	1.5		plied For t Applicable
Zip 333	Country	Zip	Country		5. Certificate of S			\$5.00 Add	
	6. Name and Address of Current I	Registered Agent			7. Name and Ad	dress of New	Registere	d Agent	
			Name					-	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Street Add		Address (F	ss (P.O. Box Number is Not Acceptable)				
			City					Zip Cod	
							F	L `	
The above the obligation	named entity submits this statement for ions of registered agent.	the purpose of changing its r	agistered office o	r register	red agent, or both, i	n the State of F	lorida. La	m familiar with,	and accept
	iona or registered agent.								
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SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signat	ture required	d when reinstating)		DATE		
SIGNATURE .	·	and title if applicable. (NOTE:	Registered Agent signat	ture required	d when reinstating)		ike check	payable to	
SIGNATURE .	Signature, typed or printed name of registered agent a	August Constant	Registered Agent signat	ture required	d when reinstating)		ike check da Depart	payable to ment of Stat	
SIGNATURE .	Signature, speed or printed name of registered agent a ling Fee is \$50.00 ue by May 1, 2005	August Constant		ture required	d when reinstating)	Florie	ike check da Depart	payable to ment of Stat	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: Mal Berger Controller DL Rogers Corp 4/12/05 817-428-207 SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Daytone Prone #