


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90038 029 ****50.00

DOCUMENT # L04000078714					
1. Entity Name SERVICEDATABASE LLC					
Principal Place of Business 2701 CRAWFORDVILLE HIGHWAY, #122 CRAWFORDVILLE, FL 32327-2158			Mailing Address 2701 CRAWFORDVILLE HIGHWAY, #122 CRAWFORDVILLE, FL 32327-2158		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent PETERSON, GREG 2701 CRAWFORDVILLE HIGHWAY, #122 CRAWFORDVILLE, FL 32327-2158				7. Name and Address of New Registered Agent Name <u>PETERSON, GREG</u> Street Address (P.O. Box Number is Not Acceptable) <u>80 SAWGRASS DR</u> <u>CRAWFORDVILLE</u> <u>FL</u> <u>32327</u> City <u>CRAWFORDVILLE</u> State <u>FL</u> Zip Code <u>32327</u>	
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 <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable. (MORIS-Registered Agent Signature required when reinstating)</small>				DATE <u>1-11-05</u>	
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	MGR PETERSON, GREG 2701 CRAWFORDVILLE HIGHWAY, #122 CRAWFORDVILLE, FL 323272158 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THOMAS ALLEN, THOMAS 43 SAWGRASS DR. CRAWFORDVILLE, FL 32327 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>1-11-05</u>		Daytime Phone # <u>850933 0874</u>

20001922



01072005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1814440 Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required