

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90018 045 *****50.00

DOCUMENT # L04000084378

1. Entity Name

CONSORTIUM COMPUTERS LLC



Principal Place of Business

20600 W PENNSYLVANIA AVE.
SUITE# 2
DUNNELLON FL 34431
US

Mailing Address

20600 W PENNSYLVANIA AVE.
SUITE# 2
DUNNELLON FL 34431
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

86-1121732

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/04)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATTERSON, JIM M
20991 POWELL RD.
DUNNELLON FL 34431

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME PATTERSON, JAMES M
STREET ADDRESS 20991 POWELL RD.
CITY-ST-ZIP DUNNELLON FL 34431

TITLE MGRM ☒ Delete
NAME PATTERSON, KIMBERLY A
STREET ADDRESS 20991 POWELL RD.
CITY-ST-ZIP DUNNELLON FL 34431

TITLE MGR ☒ Delete
NAME PATTERSON, NICHOLAS S
STREET ADDRESS 354 MARION OAKS DR.
CITY-ST-ZIP Ocala FL 34476

TITLE MGR ☐ Delete
NAME HEGEDUS, PAMELA
STREET ADDRESS 18904 SW 109TH ST.
CITY-ST-ZIP DUNNELLON FL 34432

TITLE MGRM ☐ Delete
NAME FERRING, ROBERT D
STREET ADDRESS 4057 E. RIVERSIDE DR.
CITY-ST-ZIP DUNNELLON FL 34434

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Pamela E. Hegedus Pamela E. Hegedus

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/28/05

352-489-2859

Daytime Phone #