

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000084409

FILED  
Jul 17, 2005  
Secretary of State

**Entity Name:** CREATIVE SYSTEMS AND MEASUREMENT, LLC

**Current Principal Place of Business:**

5100 TANGERINE AVE  
WINTER PARK, FL 32792 US

**New Principal Place of Business:**

**Current Mailing Address:**

5100 TANGERINE AVE  
WINTER PARK, FL 32792 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:**

MORRIS, CHRISTINA S PH.D.  
5100 TANGERINE AVE.  
WINTER PARK, FL 32792 US

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

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: MORRIS, CHRISTINA S PH.D.  
Address: 5100 TANGERINE AVE  
City-St-Zip: WINTER PARK, FL 32792

Title: MGRM ( ) Delete  
Name: SHIRKEY, ED C PH.D.  
Address: 5100 TANGERINE AVE.  
City-St-Zip: WINTER PARK, FL 32792

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CHRISTINA S. MORRIS

DR.

07/17/2005

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