


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90037 036 ****50.00

DOCUMENT # L05000029691		
1. Entity Name SYSTEMS GROUP, LLC		

Principal Place of Business 22460 CLASS LANE, UNIT 8 CHARLOTTE HARBOR, FL 33980	Mailing Address GARY A. KAHLE 99 NESBIT STREET PUNTA GORDA, FL 33950
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20043013

2. Principal Place of Business 1050 INNOVATION AVE. Suite, Apt. #, etc. B107 City & State NORTH PORT, FL Zip 34289 Country USA		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
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03202006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2609427	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent KAHLE, GARY A FARR, FARR, EMERICH, HACKETT AND CARR, PA 99 NESBIT STREET PUNTA GORDA, FL 33950	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAVIS, DONN 22460 CLASS LANE, UNIT 8 CHARLOTTE HARBOR, FL 33980	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RILEY, JAMES R. 22460 CLASS LANE, UNIT 8 CHARLOTTE HARBOR, FL 33980	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Donn Davis</u> SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE	04/05/06 941-426-9072 Date	Daytime Phone #
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DONN DAVIS, MANAGER