

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000043582

FILED  
Apr 14, 2009  
Secretary of State

**Entity Name:** COMPUTER SOFTWARE ENGINEERING GROUP LLC

**Current Principal Place of Business:**

1729 TALL PINE CIRCLE  
SAFETY HARBOR, FL 34695

**New Principal Place of Business:**

2624 W. GRAND RESERVE CR. #719  
CLEARWATER, FL 33759

**Current Mailing Address:**

PO BOX 4055  
CLEARWATER, FL 33758

**New Mailing Address:**

**FEI Number:** 20-2786709

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JOST, MICHAEL  
1729 TALL PINE CIRCLE  
SAFETY HARBOR, FL 34695 US

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

TOUCHTON, DAVID  
2624 W. GRAND RESERVE CR. #719  
CLEARWATER, FL 33759 US

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: DAVID M TOUCHTON

04/14/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: TOUCHTON, DAVID  
Address: 2624 W. GRAND RESERVE CR. #719  
City-St-Zip: CLEARWATER, FL 33759

Title: MGR (X) Delete  
Name: JOST, MICHAEL  
Address: 1729 TALL PINE CIRCLE  
City-St-Zip: SAFETY HARBOR, FL 34695

**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 exemption stated in Chapter 119, 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: DAVID M. TOUCHTON

MGRM

04/14/2009

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