


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Feb 02, 2007 08:00 AM  
Secretary of State**

<b>DOCUMENT # L05000051865</b> 1. Entity Name <b>COMPUTER EASE RENTAL, LLC</b>	
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Principal Place of Business <b>121 OLD STILL ROAD CRAWFORDVILLE, FL 32326</b>	Mailing Address <b>121 OLD STILL ROAD CRAWFORDVILLE, FL 32326</b>
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01312007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-2903506</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>SLIGER, STEN T 1407 PIEDMONT DRIVE EAST TALLAHASSEE, FL 32312</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 reconstituting) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WAVECREST SOFTWARE, INC. 121 OLD STILL ROAD CRAWFORDVILLE, FL 32326</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM TECHNICAL POINT RESOURCES, LLC 611 N. BARKER ROAD, SUITE 211 BROOKFIELD, WI 53045</b>
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<p>U000000618945 02/08/07-80050-025 50.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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:** Janis David Janis David 1/31/07 (801) 428-3071 or (850) 926-9820  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #