


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 02, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000055467 1. Entity Name SYSTEMS & ASSOCIATES LLC	
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Principal Place of Business 115 BAXTER LANE CRAWFORDVILLE, FL 32227-1830	Mailing Address 115 BAXTER LANE CRAWFORDVILLE, FL 32227-1830
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DO NOT WRITE IN THIS SPACE



07312007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 22-7275324	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 PFEUFER, ERIC W 115 BAXTER LANE CRAWFORDVILLE, FL 32227-1830	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE


**Filing Fee is \$50.00
Due by September 14, 2007**

0000000771264
08/02/07-80004-024 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PFEUFER, ERIC WAYNE 115 BAXTER LANE CRAWFORDVILLE, FL 322271830
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SCHNEIDER, DELL S 115 BAXTER LANE CRAWFORDVILLE, FL 322271830
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**DO NOT WRITE
IN THIS SPACE**

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:  7/31/07 (850) 697-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #