

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000065323

FILED  
Apr 14, 2009  
Secretary of State

**Entity Name:** SEVEN OAKS INFORMATION SYSTEMS, LLC

**Current Principal Place of Business:**

129 SANDDOLLAR DR.  
PANAMA CITY BEACH, FL 32408 US

**New Principal Place of Business:**

**Current Mailing Address:**

926 TRUMAN AVE.  
KEY WEST, FL 33040 US

**New Mailing Address:**

**FEI Number:** 27-0126315

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KELLEY, ALBERT L  
926 TRUMAN AVE.  
KEY WEST, FL 33040 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: MGR ( ) Delete  
Name: SMITH, GERALD L  
Address: 129 SANDDOLLAR DR  
City-St-Zip: PANAMA CITY BEACH, FL 32408 US

Title: MGR ( ) Delete  
Name: KELLEY, ALBERT L  
Address: 926 TRUMAN AVE.  
City-St-Zip: KEY WEST, FL 33040 US

Title: MGR ( ) Delete  
Name: KLOESS, EDMUND  
Address: 129 SANDDOLLAR DR.  
City-St-Zip: PANAMA CTY BEACH, FL 32408 US

**ADDITIONS/CHANGES:**

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

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: ALBERT L. KELLEY

MGR

04/14/2009

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