2007 LIMITED LIABILITY COMPANY

FILED Apr 30, 2007 08:00 A Secretary of State ANNUAL REPORT DOCUMENT°#° L05000066401 SYSTEMS ONLY, LLC Principal Place of Business Mailing Address 5954 BAY LAKE DRIVE NORTH 5954 BAY LAKE DRIVE NORTH ST. PETERSBURG, FL 33708 US ST. PETERSBURG, FL 33708 CR2E083 (11/05) 04182007No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3099220 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent OLIVER, JOHN S DO NOT WRITE 5954 BAY LAKE DRIVE NORTH ST. PETERSBURG, FL 33708 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when rematating) Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE OLIVER, JOHN S. NAME 5954 BAY LAKE DRIVE NORTH STREET ADDRESS City-ST-ZIP ST. PETERSBURG, FL 33708 U00000743484 TILE 05/15/07-80111-006 50.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the informindicated on this report is true limited liability company or the with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NO TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #