

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000080570

FILED
Feb 15, 2007
Secretary of State

Entity Name: SAVERIGHT SOFTWARE, L.L.C.

Current Principal Place of Business:

8250 33RD AVENUE NORTH
ST. PETERSBURG, FL 33710

New Principal Place of Business:

Current Mailing Address:

8250 33RD AVENUE NORTH
ST. PETERSBURG, FL 33710

New Mailing Address:

FEI Number: 20-3259819

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROGERS, RICHARD
8250 33RD AVENUE NORTH
ST. PETERSBURG, FL 33710 US

Name and Address of New Registered Agent:

ROGERS, RICHARD F PRES
8250 33RD AVENUE NORTH
ST. PETERSBURG, FL 33710 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: RICHARD F. ROGERS

02/15/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ROGERS, RICHARD
Address: 8250 33RD AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33710

Title: MGR () Delete
Name: ROGERS, PATRICIA
Address: 8250 33RD AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33710

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: ROGERS, RICHARD F
Address: 8250 33RD AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33710

Title: MGR (X) Change () Addition
Name: ROGERS, PATRICIA R
Address: 8250 33RD AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33710

I hereby certify that the information supplied with this filing does not qualify for the 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: PATRICIA R. ROGERS

MGR

02/15/2007

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