2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000024829

Entity Name: MSI, LLC

City-St-Zip:

POMPANO BEACH, FL 33442 US

FILED Mar 04, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
Current	rincipal Place	or busin	ess:	New Principal Plac	e of Business:	
1287 E NE SUITE 207	EWPORT CENT	ER DRIV	E			
	LD BEACH, FL	33442	US			
Current Mailing Address:				New Mailing Address:		
1287 E NEWPORT CENTER DRIVE			F			
SUITE 207	7					
DEERFIEL	LD BEACH, FL	33442	US			
FEI Number	: 20-8579046	FEI Num	per Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
1287 E NE SUITE 207	'SKY, JAKE EWPORT CENT 7 LD BEACH, FL					
	e named entity s e of Florida.	ubmits th	is statement for the	ourpose of changing its registe	red office or registered agent, or both	
SIGNATUI						
	Electroni	c Signatu	re of Registered Ag	ent	Date	
MANAGING MEMBERS/MANAGERS:				ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	MGR () OXFORD INDUS NORRISTOWN F AMBLER, PA 19	ROAD SUIT	E 255	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	LBU INTERNATION	RT CENTE	R DRIVE SUITE 207	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGR () CYBERPCB INC 10356 ISLANDE BOCA RATON, F	R DRIVE	s	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	GERSOWSKY,	RT CENTE	R DRIVE SUITE 207 3442 US	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address:	MGR () MILLENIUM MOI 1310 S. POWER		0	Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: JAKE GERSOWSKY CFO 03/04/2009