

**2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L07000041044

**FILED**  
**Sep 18, 2008**  
**Secretary of State****Entity Name:** SYSPRO CONSULTANTS & TAX SERVICES LLC**Current Principal Place of Business:**109 BULOVA DRIVE SOUTH  
APOPKA, FL 32703**New Principal Place of Business:**109 BULOVA DRIVE S  
APOPKA, FL 32703**Current Mailing Address:**109 BULOVA DRIVE SOUTH  
APOPKA, FL 32703**New Mailing Address:**109 BULOVA DRIVE S  
APOPKA, FL 32703**FEI Number:** 11-3824236**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**BIRD, DONNA  
109 BULOVA DRIVE SOUTH  
APOPKA, FL 32703 US**Name and Address of New Registered Agent:**BIRD, CHRISTIAN D  
109 BULOVA DRIVE S  
APOPKA, FL 32703 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: CHRISTIAN D BIRD

09/18/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**Title: MRG ( ) Delete  
Name: BIRD, DONNA  
Address: 109 BULOVA DRIVE SOUTH  
City-St-Zip: APOPKA, FL 32703Title: MGRM ( ) Delete  
Name: BIRD, DEE  
Address: 109 BULOVA DRIVE SOUTH  
City-St-Zip: APOPKA, FL 32703Title: MGRM ( ) Delete  
Name: BIRD, C D  
Address: 109 BULOVA DRIVE SOUTH  
City-St-Zip: APOPKA, FL 32703Title: MGRM (X) Delete  
Name: LOPEZ, M  
Address: 1833 CONCORD DRIVE  
City-St-Zip: APOPKA, FL 32703Title: MGRM (X) Delete  
Name: HONEY PRODUCTIONS,  
Address: 1833 CONCORD DRIVE  
City-St-Zip: APOPKA, FL 32703**ADDITIONS/CHANGES:**Title: MRG (X) Change ( ) Addition  
Name: SYSPRO BUSINESS CONS, ULTANTS SERVIC E S  
Address: 109 BULOVA DRIVE S  
City-St-Zip: APOPKA, FL 32703 USTitle: MGRM (X) Change ( ) Addition  
Name: BIRD, DONNA  
Address: 109 S BULOVA DRIVE  
City-St-Zip: APOPKA, FL 32703 USTitle: MGRM (X) Change ( ) Addition  
Name: BIRD, CHRISTIAN D  
Address: 109 BULOVA DRIVE S  
City-St-Zip: APOPKA, FL 32703 USTitle: ( ) 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: D.BIRD

MGRM

09/18/2008

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