

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000037259

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: DATASTREAM DATABASE DESIGN, LLC

## Current Principal Place of Business:

2785 PEBBLE BEACH DRIVE  
NAVARRE, FL 32566

## New Principal Place of Business:

7156 LEISURE ST.  
NAVARRE, FL 32566

## Current Mailing Address:

2785 PEBBLE BEACH DRIVE  
NAVARRE, FL 32566

## New Mailing Address:

7156 LEISURE ST.  
NAVARRE, FL 32566

FEI Number: 26-2388714

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SANDS, JASON T  
2785 PEBBLE BEACH DRIVE  
NAVARRE, FL 32566 US

## Name and Address of New Registered Agent:

SANDS, JASON T  
7156 LEISURE ST.  
NAVARRE, FL 32566 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:

04/14/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: CEO ( ) Delete  
Name: SANDS, CARYN P  
Address: 2785 PEBBLE BEACH DRIVE  
City-St-Zip: NAVARRE, FL 32566

Title: DCEO ( ) Delete  
Name: GRIFFIN, APRIL  
Address: 4281 LAKEVIEW DRIVE  
City-St-Zip: CRESTVIEW, FL 32539

Title: DIR ( ) Delete  
Name: SANDS, JASON T  
Address: 2785 PEBBLE BEACH DRIVE  
City-St-Zip: NAVARRE, FL 32566

Title: DIR ( ) Delete  
Name: GRIFFIN, RUSSELL  
Address: 4281 LAKEVIEW DRIVE  
City-St-Zip: CRESTVIEW, FL 32539

## ADDITIONS/CHANGES:

Title: CEO (X) Change ( ) Addition  
Name: SANDS, CARYN P  
Address: 7156 LEISURE ST.  
City-St-Zip: NAVARRE, FL 32566

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

Title: DIR (X) Change ( ) Addition  
Name: SANDS, JASON T  
Address: 7156 LEISURE ST.  
City-St-Zip: NAVARRE, FL 32566

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: JASON T. SANDS

MR.

04/14/2009

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