


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	FILED 97 APR 30 AM 9:05 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE		
1. Name and Mailing Address of Limited Liability Company COMPUTRADE INVESTMENTS, L.C. 444 SEABREEZE BLVD. SUITE 820 DAYTONA BEACH FL 32118		DOCUMENT # L94000000282 1a. Principal Place of Business Address 444 SEABREEZE BLVD. SUITE 820 DAYTONA BEACH FL 32118		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 06/22/1994 3a. State of Formation FL 4. FEI Number 59-3255759 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report 05/01/1996 6. Certificate of Status Desired <input checked="" type="checkbox"/> See to Additional Fee Required
7. Name and Address of Current Registered Agent RÖST, SCOTT R 444 SEABREEZE BLVD. SUITE 800 DAYTONA BEACH FL 32118		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.				
SIGNATURE _____ DATE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>				
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code
MGRM	MARCOPULOS, THOMAS C	3945 HOLCOMB BRIDGE RD, SU		NORCROSS GA
MGRM	VENTRESCA, THOMAS F	3945 HOLCOMB BRIDGE RD, SU		NORCROSS GA
MGRM	LAUNDRIE, MICHAEL L	3945 HOLCOMB BRIDGE RD, SU		NORCROSS GA
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11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.				
SIGNATURE: Thomas Marcopulos <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>		THOMAS MARCOPULOS <small>Date Daytime Phone #</small> 4/29/30 770.453.9666		