

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L96000001353**

1. Entity Name  
**NDS SYSTEMS, L.C.**



Principal Place of Business  
**4700 140TH AVE N.  
CLEARWATER, FL 33762**

Mailing Address  
**4700 140TH AVE N.  
CLEARWATER, FL 33762**



01032008No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3419790**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**BALLARD, JENNIFER  
4700 140TH AVE N.  
#112  
CLEARWATER, FL 33762**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	<b>MGRM</b>
NAME	<b>VOELKERT, DONALD F</b>
STREET ADDRESS	<b>11 AMBLESIDE DR.</b>
CITY-ST-ZIP	<b>BELLAIR BEACH, FL 34825</b>
TITLE	<b>MGR</b>
NAME	<b>HOLDEMAN, JOHN</b>
STREET ADDRESS	<b>301 S. MAIN ST., STE. 400</b>
CITY-ST-ZIP	<b>ELKHART, IN 46518</b>
TITLE	<b>MGR</b>
NAME	<b>BALLARD, JENNIFER</b>
STREET ADDRESS	<b>10060 59TH AVE N</b>
CITY-ST-ZIP	<b>SAINT PETERSBURG, FL 33708</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/12/06-80010-007 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 609, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**4/1/06 727-538-2250**  
Date Daytime Phone #