2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L98000003191

1. Entity Name
VERTEX SYSTEMS LC



FILED Apr 14, 2008 08:00 Al Secretary of State

Principal Place of Business

409 WALLS WAY OSPREY, FL 34229 Mailing Address

409 WALLS WAY OSPREY, FL 34229



DO NOT WRITE IN THIS SPACE

03192008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 98-0197368 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

DIXON, MICHAEL MGRM 409 WALLS WAY
OSPREY, FL 34229

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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 reinstating)

DATE

FILE NOWI!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS	
TITLE, NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIXON, MICHAEL J 409 WALLS WAY OSPREY, FL 34229 MGRM DIXON, CLAIRE L 409 WALLS WAY OSPREY, FL 34229	
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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 608, Florida Statutes.

SIGNATURE:

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

3/18/08

941-978-490

Daytime Phone #