


2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Aug 16, 2004 8:00 am
Secretary of State

08-16-2004 90133 036 ****50.00

DOCUMENT # L99000001811	
1. Entity Name TANNER TECHNOLOGY SYSTEMS (TTS), LLC	

Principal Place of Business 6900 PHILLIPS HWY., SUITE 15 JACKSONVILLE, FL 32216	Mailing Address 6900 PHILLIPS HWY., SUITE 15 JACKSONVILLE, FL 32216
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44052064



2. Principal Place of Business 6815 ATLANTIC BLVD	3. Mailing Address 6815 ATLANTIC BLVD.
Suite, Apt. #, etc. SUITE # 6	Suite, Apt. #, etc. SUITE # 6
City & State JACKSONVILLE, FL	City & State JACKSONVILLE, FL
Zip 32211	Country DUVAL

08042004 Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3572062	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	7. Name and Address of New Registered Agent Name DAVID HENRY Street Address (P.O. Box Number is Not Acceptable) 2718 W. LANTANA LAKE DR City JACKSONVILLE FL Zip Code 32211
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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  DATE **8-5-2004**

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

(NOTE: Registered Agent signature required when reinstating)

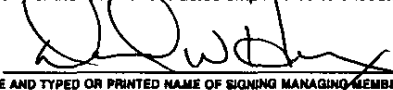
DATE

Filing Fee is \$50.00
Due by September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HENRY, DAVID 2718 W LANTANA LAKES DR JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE **8-5-2004** DAYTIME PHONE # **904-805-8815**

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

DATE

DAYTIME PHONE #