2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000004607

Entity Name: AUTOMATED CUTTING SYSTEMS, LLC

FILED May 01, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2616 PEMBERTON DR 564 SEMORAN COMMERCE PLACE

APOPKA, FL 32703 APOPKA, FL 32703

Current Mailing Address: New Mailing Address:

7431 EARLWOOD AVE 475 MONTGOMERY PLACE MOUNT DORA, FL 32757 ALTAMONTE SPRINGS, FL 32714

FEI Number: 59-3601584 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

YOUNGBLUT, GARY
7431 EARLWOOD AVE
MOUNT DORA, FL 32757 US

KELLEY GOLDBERG LEACH AND COHN
475 MONTGOMERY PLACE
ALTAMONTE SPRINGS, FL 32714 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: RUSSELL GOLDBERG 05/01/2004

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: () Change () Addition

 Name:
 YOUNGBLUT, GARY
 Name:

 Address:
 7431 EARLWOOD AVE
 Address:

 City-St-Zip:
 MOUNT DORA, FL 32757
 City-St-Zip:

Title: MGR () Delete Title: () Change () Addition

 Name:
 YOUNGBLUT, HEATHER
 Name:

 Address:
 7431 EARLWOOD AVE
 Address:

 City-St-Zip:
 MOUNT DORA, FL 32757
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GARY YOUNGBLUT MGR 05/01/2004