
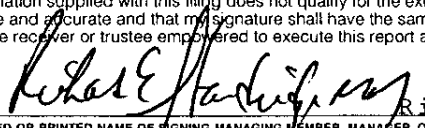


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90189 036 \*\*\*\*55.00

<b>DOCUMENT # M01000002411</b>					
<b>1. Entity Name</b> EOSCOMP, L.L.C.					
<b>Principal Place of Business</b> 2141 E. BROADWAY RD., STE. 118 TEMPE, AZ 85282			<b>Mailing Address</b> 2141 E. BROADWAY RD., STE. 118 TEMPE, AZ 85282		
<b>2. Principal Place of Business</b> 2141 E. Broadway Rd. Suite, Apt. #, etc. Ste. 120 City & State Tempe, AZ = Zip 85282		<b>3. Mailing Address</b> 2141 E. Broadway Rd. Suite, Apt. #, etc. Ste. 120 City & State Tempe, AZ Zip 85282			
Country USA		Country USA		02062004    Chg-LLC    CR2E083 (10/03)	
<b>4. FEI Number</b> 86-1033498				Applied For Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE, FL 32301			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP STANDRIDGE, RICHARD E MD 2141 E. BROADWAY RD. STE. 118 TEMPE, AZ 85282	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Richard E. Standridge, MD 2141 E. Broadway Rd., Ste. 120 Tempe, AZ 85282	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAMUELS, EUGENE P MBA 2141 E. BROADWAY RD. STE. 118 TEMPE, AZ 85282	<input checked="" 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
<b>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.</b>					
<b>SIGNATURE:</b>  <b>Richard E. Standridge, MD</b> <b>3/25/04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #</small>					