2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M0200001199

SOFTWARE SYSTEMS INTERNATIONAL LLC



Aug 05, 2003 8:00 am Secretary of State 08-05-2003 90027 006 ****50.00

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20 33+31 Country 34-31 Country 34-31 Country 35-00 Additional Fee Required Agent 7. Name and Address of New Registered Agent 8. The Address of New Registered Agent 9.	City & Stat	Data El.				65-1136593	_		_
Street Address of New Registered Agent Name ROTHMAN, JOEL B PL 2500 NORTH MILITARY TRAIL, SUITE 111 BOCA RATON FL 33431 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered edgent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, "good or prives name of registered agent and lite it applicable. NOTE: Registered Agent agreement of State Due By September 24, 2003 Make Check Payable to Florida Department of State Due By September 24, 2003 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS ON'S 7-2P NORTH MIAMI FL 33181 TILE MORIM ORTH MANIFL 33181 TILE MORIM ORTH STORE ADDRESS ORY 57-2P TILE MORIM ORTH MANIFL 33181 TILE ORTH MANIFL 33181 TILE ORTH MANIFL 33181 TILE ORTH MANIF						SE OO Additional			7
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B. 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, bond or private name of registered agent and fire practices. NOTE Registered Apent aluminum accuracy when substance) DATE			TE 111	Street A	ddress (P.O. Box Numbe	r is Not Acceptable)			
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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 AND TYPED OR PRINTED NA

ING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE