
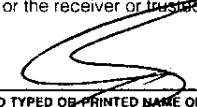


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90435 006 ****55.00

DOCUMENT # M02000002952 1. Entity Name DIGITAL TECHNOLOGY SYSTEMS OF FORT LAUDERDALE, LLC																																																																																																																																																											
Principal Place of Business 3701 SW 47TH AVENUE STE. 101 FORT LAUDERDALE FL 33314			Mailing Address 3701 SW 47TH AVENUE STE. 101 FORT LAUDERDALE FL 33314																																																																																																																																																								
2. Principal Place of Business		3. Mailing Address																																																																																																																																																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																																									
City & State		City & State		4. FEI Number 06-1659989																																																																																																																																																							
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																																																																																																																																																							
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																																																																																																																																							
JOHNIGEAN, JOSEPH A 3701 SW 47TH AVENUE STE. 101 FORT LAUDERDALE FL 33314				Name																																																																																																																																																							
				Street Address (P.O. Box Number is Not Acceptable)																																																																																																																																																							
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				FL Zip Code																																																																																																																																																							
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>																																																																																																																																																											
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004																																																																																																																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="padding: 5px;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="padding: 5px;">10. 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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:  Joseph A. Johnigean 3-11-04 904-279-0261 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																																																																																																																																																											