

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M02000002952

1. Entity Name
**DIGITAL TECHNOLOGY SYSTEMS OF FORT
LAUDERDALE, LLC**



Principal Place of Business
1111 N HIGHWAY 427
LONGWOOD, FL 32750

Mailing Address
1111 N HIGHWAY 427
LONGWOOD, FL 32750

2. Principal Place of Business
3701 SW 47th Avenue

Suite, Apt. #, etc.
Suite 101

City & State
Fort Lauderdale, FL

Zip
33314

Country
USA

3. Mailing Address
3701 SW 47th Avenue

Suite, Apt. #, etc.
Suite 101

City & State
Fort Lauderdale, FL

Zip
33314

Country
USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
06-1659989

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**RODGERS, BRUCE M ESQ
100 N TAMPA STREET, SUITE 2700
TAMPA, FL 33602**

7. Name and Address of New Registered Agent

Name
Joseph A. Johnnigan
Street Address (P.O. Box Number is Not Acceptable)
3701 SW 47th Avenue, Suite 101
City
Fort Lauderdale **FL** Zip Code
33314

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 **Joseph A. Johnnigan**

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

9-10-03

Make Check Payment to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
RODGERS, BRUCE M
100 N TAMPA STREET, STE 2700
TAMPA, FL 33602** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Mgr
Joseph A. Johnnigan
3701 SW 47th Avenue, Suite 101
Fort Lauderdale, FL 33314** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Mgr
James Johnnigan
7255 Salisbury Rd., Suite 120
Jacksonville, FL 32256** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Mgr
Dale Darr
7350 Periwinkle Drive
Sarasota, FL 34231-5322** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Mgr
Harold Shafer
7255 Salisbury Rd., Suite 120
Jacksonville, FL 32256** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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.

Joseph A. Johnnigan

SIGNATURE:

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

9-10-03

Date

904-219-3384

Daytime Phone #

CR2E083 (10/02)