


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 19, 2004 8:00 am**  
**Secretary of State**

08-19-2004 90001 031 \*\*\*\*50.00

<b>DOCUMENT # M03000000510</b> 1. Entity Name <b>SAGE SYSTEMS TECHNOLOGIES, LLC</b>					
Principal Place of Business <b>1018 WEST NINTH AVENUE #202 KING OF PRUSSIA, PA 19406</b>			Mailing Address <b>1018 WEST NINTH AVENUE #202 KING OF PRUSSIA, PA 19406</b>		
2. Principal Place of Business <b>10440 Balls Ford Road</b> Suite, Apt. #, etc. <b>Suite 200</b> City & State <b>Manassas VA</b> Zip <b>20109</b>			3. Mailing Address <b>10440 Balls Ford Road</b> Suite, Apt. #, etc. <b>Suite 200</b> City & State <b>Manassas VA</b> Zip <b>20109</b>		
Country <b>USA</b>			Country <b>USA</b>		
4. FEI Number <b>32-0011243</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$5.00 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>BURNS, DAVID W 2523 FLETCH COURT LAKE MARY, FL 32746</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by September 8, 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	<b>MGRM REED, DAVID W 8460 RED FOX LANE WARRENTON, VA 20186</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SUBILIA, MAURICE 5 MORIN STREET BIDDEFORD, ME 040054497</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM LYNCH, THEODORE 1020 NINETEENTH ST NW #520 WASHINGTON, DE 20036</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SMITH, JACK B 793 MAIN STREET SANFORD, ME 04073</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE: <u>Kristin C. Reed</u></b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date <b>8/16/04</b> Daytime Phone # <b>703-365-0450</b>	

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