2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M03000004213

1. Entity Name COMPUTRAC LLC

FILED Feb 14, 2004 08:00-AM **Secretary of State**

Principal Place of Business

825 JAMERSON ROAD, SUITE 523 MARIETTA, GA 30066

Mailing Address

825 JAMERSON ROAD, SUITE 523 MARIETTA, GA 30066



02052004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 58-2420986

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

| 6. Name and Address of Current Registered Agent | | | |
|---|--|--|--|
| BRADLEY, BRETT 7116 NW 214TH STREET ALACHUA, FL 32615 | | DO NOT WRITE IN THIS SPACE | |
| | e named entity submits this statement for the purpose of changing its register tions of registered agent. | ed office or registered agent, or both, in the State of Florida. I am familiar with, | and accept |
| SIGNATURE. | Signature, typed or printed name of registered agent and title if applicable (NOTE Registere | d Agent signature required when reinstating) DATE | |
| | iling Fee is \$50.00 ue by May 1, 2004 | 00000051356 02/16/04-80048-019 50. | ori i |
| 9. | MANAGING MEMBERS/MANAGERS | | 2 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR TALENTINO, TONI 825 JAMERSON ROAD, SUITE 523 MARIETTA, GA 30066 | | 77 - 42 - 17 - 17 - 17 - 17 - 17 - 17 - 17 - 1 |
| TITLE NAME SIREET ADDRESS GITY-ST-ZIP | MGR TALENTINO, KEVIN 825 JAMERSON ROAD, SUITE 523 MARIETTA, GA 30066 | | 1971 - 19 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | DO NOT WRITE | e de la companya de |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | IN THIS SPACE | |

11. I nereby 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: _

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

NAME STREET ADDRESS CITY-ST-ZIP

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