

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # M04000000347**

1. Entity Name  
**DBSI MANAGEMENT SERVICES LLC**



Principal Place of Business  
**1550 SOUTH TECH LANE  
MERIDIAN, ID 83642**

Mailing Address  
**1550 SOUTH TECH LANE  
MERIDIAN, ID 83642**



04182005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**01-0552485**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
SWENSON, DOUGLAS L  
1550 SOUTH TECH LANE  
MERIDIAN, ID 83642**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
HASSARD, CHARLES E  
1550 SOUTH TECH LANE  
MERIDIAN, ID 83642**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
MOTT, WALT  
1550 SOUTH TECH LANE  
MERIDIAN, ID 83642**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
MAYERON, JOHN  
1550 SOUTH TECH LANE  
MERIDIAN, ID 83642**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1000000327942  
04/25/05-80056-025 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

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

**4-18-05**

**208-489-2533**

Date

Daytime Phone #