


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

1/2.

FILED
Feb 27, 2006 8:00 am
Secretary of State

01-23-2006 90225 048 ****50.00

DOCUMENT # M04000000648 1. Entity Name DEALER IMPACT SYSTEMS, L.L.C.	
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Principal Place of Business 7725 DOUGLAS AVENUE URBANDALE, IA 50322	Mailing Address 7725 DOUGLAS AVENUE URBANDALE, IA 50322
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30001147



01052006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 39-1946535	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR COX, BRIAN T 8119 HARDWICK DR. JOHNSTON, IA 50131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LAMMERS, GEORGE M PO BOX 1056 LAKE GENEVA, WI 53147
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HARPER, LAURIE J 2511 SE 18TH COURT DES MOINES, IA 50320
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

2/20/06



A. Hahn
30001147

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 30, 2006

DEALER IMPACT SYSTEMS, L.L.C.
7725 DOUGLAS AVENUE
URBANDALE, IA 50322

Subject: **DEALER IMPACT SYSTEMS, L.L.C.**

Reference Number: **M04000000648**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION