2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 06, 2005
Secretary of State

DOCUMENT# M04000004271

Entity Name: TALCOTT SYSTEMS, LLC

Current Principal Place of Business:

6503 N. MILITARY TRAIL #1603
BOCA RATON, FL 33496

New Principal Place of Business:

5455 N. FEDERAL HWY
SUITE K
BOCA RATON, FL 33487

Current Mailing Address:

6503 N. MILITARY TRAIL #1603
BOCA RATON, FL 33496

New Mailing Address:

5455 N. FEDERAL HWY
SUITE K
BOCA RATON, FL 33487

FEI Number: 76-0704951 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

TALCOTT SMITH, STEVEN
6503 N. MILITARY TRAIL #1603
BOCA RATON, FL 33496 US

Name and Address of New Registered Agent:

TALCOTT SMITH, STEVEN
5455 N. FEDERAL HWY
SUITE K
BOCA RATON, FL 3387 US

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.

SIGNATURE: _____ 07/06/2005
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: TALCOTT SMITH, STEVEN
Address: 6503 N. MILITARY TRAIL #1603
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: TALCOTT SMITH, STEVEN
Address: 5455 N. FEDERAL HWY, SUITE K
City-St-Zip: BOCA RATON, FL 33487

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: STEVEN TALCOTT SMITH MGRM 07/06/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date