

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000004280

FILED
Apr 25, 2005
Secretary of State

Entity Name: APPLIED RADIANT SYSTEMS, LLC

Current Principal Place of Business:

14503 BMMEL N. HOUSTON, STE 407
HOUSTON, TX 77014

New Principal Place of Business:

Current Mailing Address:

14503 BMMEL N. HOUSTON, STE 407
HOUSTON, TX 77014

New Mailing Address:

FEI Number: 04-3730788

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOYER, CARL V
2161 E CR 540A, STE 239
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: BOYER, CARL VERNON
Address: 14503 BMMEL N HOUSTON, STE 407
City-St-Zip: HOUSTON, TX 77014

Title: MGR () Delete
Name: MCDONALD, DAVID EUGENE
Address: 14503 BMMEL N HOUSTON, STE 407
City-St-Zip: HOUSTON, TX 77014

Title: MGR () Delete
Name: SMITH, THOMAS QUINN
Address: 14503 BMMEL N HOUSTON, STE 407
City-St-Zip: HOUSTON, TX 77014

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: THOMAS QUINN SMITH

MGR

04/25/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date