2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000001088

FILED Mar 17, 2008 8:00 am Secretary of State 03-17-2008 90260 033 ***138.75

1. Entity Nan DIGITAL	DATA SYSTEM INTEGRAT	OR LLC							
Principal Plac	e of Business	Mailing Address		\dashv .	,				
Principal Place of Business Mailing Address 27 HOLLEY ST 27 HOLLEY ST				6001	5118				
JACKSON, GA		JACKSON, GA 30233			. 0001	OIIO			
		• -							
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2121 Hwy		442n							
suite D' su		Suite, Apt. #, etc. Suite O	suite U		Chg-LLC	CR2E083	3 (12/06)		
Senkinsburg CA Sinkinskinsk		ourg GA	4. FEI Num 56-24				oplied For ot Applicable		
^{Zip} 30と	34 USA	30234	Country		e of Status Desired		5.00 Addee Require		
6. Name and Address of Current Registered Agent				7. Name an	d Address of New F	Registered Ag	ent ,		
HOARD V	 MILLIAM S	Name							
HOARD, WILLIAM S 4027 DESOTO FARM RD.			Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
TALLAHASSEE, FL 32308									
		City			FL	Zip Cod	le-		
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.									
the obligations of registered agent.									
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SIGNATURE	Signature, typed or printed name of registered agent a	nd title il applicable. (NOTE: F	Registered Agent signature requ	ured when reinstating)		DATE			
FILE	Signature, typed or privided name of registered agent a E NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.75	nd title il apphicable. (NOTE: F	degistered Agent signature requ	ured when reinstating)		DATE se check pay a Departmer		e	
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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.

NAME STREET ADDRESS

NAME

STREET ADDRESS CITY-ST-ZIP