

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 09, 2004-08:00 AM
Secretary of State

DOCUMENT # M95000000244

1. Entity Name
ALLSTAR KNOWLEDGE ENGINEERING, L.L.C., L.C.



Principal Place of Business
**2100 S. BRIDGE PKWY, S-650
BIRMINGHAM, AL 35209**

Mailing Address
**2100 S. BRIDGE PKWY, S-650
BIRMINGHAM, AL 35209**

DO NOT WRITE IN THIS SPACE



01052004No Chg-LLC

CR2E083 (10/03)

4. FEI Number
63-1142699

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BRETZ, BARTLETT G
2100 S. BRIDGE PKWY, S-650
BIRMINGHAM, AL 35209**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ALCAZAR, JOHN V
145 MALLARD POINTE DRIVE
PELHAM, AL 35124**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000001202
01/09/04-80030-010 50.00

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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

Date _____

Daytime Phone # _____