


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 28, 2004 08:00 AM
Secretary of State


DOCUMENT # M97000000179

1. Entity Name
CBS PERSONNEL SERVICES, LLC



Principal Place of Business 435 ELM STREET CINCINNATI, OH 45202	Mailing Address 435 ELM STREET STE 300 CINCINNATI, OH 45202
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DO NOT WRITE IN THIS SPACE



03112003No Chg-LLC CR2E083 (10/03)

4. FEI Number 31-1481071	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

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525**

DO NOT WRITE IN THIS SPACE

B. 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 September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBERT LEE BROWN, INC. 435 ELM STREET CINCINNATI, OH 45202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EMPLOYEE MANAGEMENT SERVICES II, INC. 435 ELM STREET CINCINNATI, OH 45202
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 05/28/04-80001-006 50.00

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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 609, Florida Statutes.

SIGNATURE: William E. Adelman 5/19/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #