


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # M02000000743 1. Entity Name WORKFORCE INNOVATION XX, L.L.C.	
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Principal Place of Business 12801 N. CENTRAL EXPRESSWAY, SUITE 700 DALLAS, TX 75243	Mailing Address 12801 N. CENTRAL EXPRESSWAY, SUITE 700 700 DALLAS, TX 75243
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01102005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-2947803	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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ADVANCE PROCESSING SYSTEMS, INC 12801 N CENTRAL EXPWY STE 700 DALLAS, TX 75243
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 02/01/05-80084-004 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 19.07(3)(f), 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: J. Michael Cross Date: 1/26/05
SIGNATURE AND TYPED OR PRINTED NAME OF FILING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE
J. Michael Cross, President of Sole Member Daytime Phone # _____