

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000007322

FILED  
Jan 11, 2005  
Secretary of State

Entity Name: INFORMATION TECHNOLOGY NETWORK GROUP LLC

**Current Principal Place of Business:**

2917 LIVINGSTON RD., SUITE 101  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 180127  
TALLAHASSEE, FL 32318

**New Mailing Address:**

FEI Number: 59-3653395

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CASTANO, DONATO A  
6713 TIM TAM TRAIL  
TALLAHASSEE, FL 32308 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: CASTANO, DONATO A  
Address: 6713 TIM TAM TRAIL  
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGR ( ) Delete  
Name: JONES, MICHAEL F  
Address: 423 ATTAPULGUS-WHIGHAM RD.  
City-St-Zip: WHIGHAM, GA 31797

Title: MGR ( ) Delete  
Name: GLUNT, CLIFFORD J  
Address: 8918 SALEM RD.  
City-St-Zip: QUINCY, FL 32351

**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: DONATO A CASTANO

CEO

01/11/2005

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