

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000000799

FILED
Apr 15, 2004
Secretary of State

Entity Name: INTER WEB DATA CONCEPTS, L.L.C.

Current Principal Place of Business:

P.O. BOX 36433
PENSACOLA, FL 32516

New Principal Place of Business:

149 DURANGO ROAD
#2
DESTIN, FL 32541

Current Mailing Address:

P.O. BOX 36433
PENSACOLA, FL 32516

New Mailing Address:

49 LAKESHORE DRIVE
SHALIMAR, FL 32579

FEI Number: 59-3693113

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUSS, ROBERT W
4045 BROKEN ARROW COURT
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

RUSS, ROBERT W
49 LAKESHORE DRIVE
SHALIMAR, FL 32579 US

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: _____

04/15/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: RUSS, ROBERT W
Address: 4045 BROKEN ARROW COURT
City-St-Zip: DESTIN, FL 32541

Title: MGR () Delete
Name: GROSKREUTZ, TODD A
Address: P.O. BOX 36433
City-St-Zip: PENSACOLA, FL 32516

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: RUSS, ROBERT W
Address: 49 LAKESHORE DRIVE
City-St-Zip: SHALIMAR, FL 32579

Title: MGR (X) Change () Addition
Name: GROSKREUTZ, TODD A
Address: 14216 85TH AVE
City-St-Zip: ORLAND PARK, IL 60462

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: TODD A GROSKREUTZ

PRES

04/15/2004

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