

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90024 032 ****55.00

DOCUMENT # L02000017501			
1. Entity Name INTELLICENTER, LLC		Principal Place of Business 1919 NE 45TH STREET, SUITE 222 FORT LAUDERDALE, FL 33308	
2. Principal Place of Business 6278 N. Federal Hwy. Suite, Apt. #, etc. 314		Mailing Address 6278 N. FEDERAL HWY. #314 FORT LAUDERDALE, FL 33308	
3. Mailing Address Suite, Apt. #, etc. 314		City & State Fort Lauderdale, FL	
City & State Fort Lauderdale, FL		City & State Fort Lauderdale, FL	
Zip 33308		Country Broward	
Zip 33308		Country Broward	
4. FEI Number 41-2051628		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		CR2E083 (11/05)	
6. Name and Address of Current Registered Agent ELLIS, WILLIAM H 6278 N. FEDERAL HWY. #314 FORT LAUDERDALE, FL 33308		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <u>WH Ellis</u> DATE: <u>3/4/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ELLIS, WILLIAM H 6278 N. FEDERAL HWY. #314 FORT LAUDERDALE, FL 33308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BENAIM, EDUARDO 5200 N. OCEAN BLVD. #1407 LAUDERDALE BY THE SEA, FL 33308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Member / Manager Nancy Ellis 6278 N. Federal Hwy. #314 Fort Lauderdale, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>WH Ellis</u> <u>member/manager</u>		DATE: <u>3/4/06</u> DAYTIME PHONE: <u>305-357-6478</u>	