


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 07, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000025477  
 1. Entity Name  
 ECYBER ASSISTANT, LLC



Principal Place of Business      Mailing Address  
 1101 N. LAKE DESTINY ROAD STE. 200      1101 N. LAKE DESTINY ROAD STE. 200  
 MAITLAND, FL 32751      MAITLAND, FL 32751

**DO NOT WRITE IN THIS SPACE**



01262005No Chg-LLC      CR2E083 (10/03)

4. FEI Number      Applied For  
 54-2116507      Not Applicable

5. Certificate of Status Desired       \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 BROWN, L. THOMAS  
 1101 N. LAKE DESTINY ROAD STE. 200  
 MAITLAND, FL 32751

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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	MGRP
NAME	BROWN, L. THOMAS
STREET ADDRESS	1101 NORTH LAKE DESTINY RD #200
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 608, Florida Statutes.

SIGNATURE: L. Thomas Brown *[Signature]*      1/3/05 407-660-0089 X110  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #